

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

X
115892
Do not use this space.

1. PLACE OF DEATH 2

(a) County Ray Registration District No. 740

(b) Township Catahoula River Primary Registration District No. 5975 Registered No. 9

(c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Susan Lucinda Sanderson

(a) Residence, No. Morton Ray Co. St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Felix Sanderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>76</u>	<u>76</u>	<u>7</u>	<u>11</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) near Knoxville (STATE OR COUNTRY) Missouri 0

FATHER

13. NAME J. N. D. Hunt 1

14. BIRTHPLACE (CITY OR TOWN) Fleming Co. (STATE OR COUNTRY) Kentucky 1

MOTHER

15. MAIDEN NAME Susan Ann Lebo

16. BIRTHPLACE (CITY OR TOWN) Whitney Co. (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. V. N. Johnson (ADDRESS) Richmond, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lanelock DATE April 19, 1940

19. FUNERAL DIRECTOR (NAME) John Knipfchild (ADDRESS) Hardish Missouri

20. FILED April 19 1940 R. T. Willford Sp. Regstr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 19 40

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1940, to April 17, 1940

I last saw her alive on Apr. 11, 1940 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. Date of onset Apr. 10 1940

Other contributory causes of importance Chronic Interstitial Nephritis year ago.

Name of operation _____ Date of _____

What test confirmed diagnosis? Chival Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) G. W. Gouvier M. D.

(Address) Richmond, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Public Health Officer No. 8

File Number

Late Filed

5-13-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by MR

....., Registered Apprentice No.....
working under my personal supervision.

Signed

John W. Kumpfeld

Licensed Embalmer No. 2799

P. O. Address Hardin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.