

APR 15 1941

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

10214
Do not use this space.

APR 15 1941

1. PLACE OF DEATH
 (a) County Callaway Registration District No. _____
 (b) Township Jackson Primary Registration District No. 406 Registered No. _____
 (c) City Auxvasse (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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. da.

2. PRINT FULL NAME Lulu Belle Sanders
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1884
 7. AGE YEARS 56 MONTHS 6 DAYS 17 If LESS than 1 day, hrs. min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House keeping
 9. Industry or business in which work was done, as saw mill, bank, etc. x
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Pike Co. Mo. (STATE OR COUNTRY)

FATHER 13. NAME William J. Sanders
 14. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Emma Sinkhorn
 16. BIRTHPLACE (CITY OR TOWN) Ky. (STATE OR COUNTRY)

17. INFORMANT Mrs. E. E. Hape (ADDRESS) Auxvasse, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Auxvasse DATE Mar 24, 1941

19. FUNERAL DIRECTOR (NAME) Hughes Manlin (ADDRESS) Auxvasse, Mo.

20. FILED 3-25 1941 H. B. Nichols Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1941
 22. I HEREBY CERTIFY That I attended deceased from Mar. 15 1940 to Mar. 23 1941
 I last saw her alive on Mar. 23 1941. Death is said to have occurred on the date stated above, at 1:20 P.M.
 The principal cause of death and related causes of importance were as follows:

Coronary thrombosis of abdominal aorta probably 1 year in gall bladder.
Disturbance of pelvic circulation
Terminal pneumonia March 1941

Date of onset _____

Other contributory causes of importance:
468

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) A. H. Donnan M.D.
 (Address) Auxvasse, 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.

I X18005

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Hughes Mauhin*

Licensed Embalmer No. *2358*

P. O. Address *Centerville, 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.

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7-39
X26390

Registration District No. 107

Primary Registration District No. 4062

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Adwasse
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Adwasse
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lulu Belle Sanders

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced 8

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

that I last saw h _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

56 | 6 | 17

Due to _____

Due to _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation _____

Major findings: _____

11. Industry or business _____

Of operations _____

12. Name _____

Of autopsy _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____ (State or foreign country)

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 6-10-41 (b) B. Nichols
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature A. H. Douman (M. D. or other) _____
Address Adwasse, Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-10213 1941

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.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.