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.

FILED APR 10 1941

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

Do not use this space.

11640

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 668
Township — Primary Registration District No. 3039 — Registered No. 102
City Sedalia (No. 403 S Hancock St. Ward)

2. FULL NAME William Howard Sanders
(a) Residence, No. Sedalia #5 R.7D St., Ward. 0
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Wh.
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) Mar 18-1941
7. AGE YEARS MONTHS DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) Sedalia Mo.

FATHER
13. NAME Earnest Sanders
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Camp Missouri

MOTHER
15. MAIDEN NAME Cora Shull
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co Missouri

17. INFORMANT (ADDRESS) Earnest Sanders Sedalia R.R. #5
18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 3-20- 1941
19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia Mo.
20. FILED Mar 20 1941 Mrs. Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19- 1941

22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1941, to Mar 19, 1941
I last saw him alive on Mar 19, 1941. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:
Congenital Malformation of Heart — Date of onset
Heart
157½
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) E. Snavely M. D.
(Address) Sedalia Mo

RECEIVED
District Health Officer No. 6
4-9-41