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FILED MAY 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15160

State File No.

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Maxion

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

(c) Name of hospital or institution:
120 Buckanan
(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 MO (b) County Maxion ¹⁴

(c) City or town Harribal ³
(If outside city or town limits, write "RURAL")

(d) Street No. 120 Buckanan ⁴
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles E. Sanders

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ENMA 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 4 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 - 22 hr. min.

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

10. Usual occupation Retired farmer

11. Industry or business Carpenter

12. Name John Sanders

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

14. Maiden name Margaret Dugger

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

16. (a) Informant Frank Sanders

(b) Address 120 Buckanan Harribal MO

17. (a) Burial (b) Date thereof May 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT Olive Cem

18. (a) Signature of funeral director James Cannon

(b) Address Harribal MO

19. (a) April 1 1941 (b) M. C. Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1941 hour..... minute 9 30 M.

21. I hereby certify that I attended the deceased from Oct - 11
..... 1938 to Mar 22..... 1941
that I last saw him/alive on Mar 22..... 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with cerebral hemorrhage Duration

Due to.....

Due to.....

Other conditions 93H
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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

23. Signature A. B. Blue (M. D. or other) A

Address Harribal Date signed 3/29/41

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Michael J. O'Rourke*

Licensed Embalmer No. *3246*

P. O. Address..... *Hannibal, 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, fact should be so stated above.