No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 26 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16113

Registration District No. 1027 Primary Registration District No. 6136 Registrar's No.

1. PLACE OF DEATH:
(a) County Texas
(b) ~~City or town~~ Arlington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Texas 103
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James Calvin 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 married
6. (b) Name of husband or wife Pearl
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 10 (Day) 1854 (Year)
8. AGE: Years 86 Months 5 Days 26 If less than one day hr. min.
9. Birthplace Hartville (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name William Sanders
13. Birthplace Ky (City, town, or county) (State or foreign country)
14. Maiden name Moody
15. Birthplace Wright County Mo (City, town, or county) (State or foreign country)
16. (a) Informant Tom Sanders
(b) Address Mt. Grove Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7-41 (Month) (Day) (Year)
(c) Place: burial or cremation Union Chapel
18. (a) Signature of funeral director Russell Barber
(b) Address Mt Grove Mo
19. (a) 3/11 (Date received local registrar) (b) J Bruce Thomas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/6 day 41
year hour minute M.
21. I hereby certify that I attended the deceased from 3/2, 1941, to 3/4, 1941, that I last saw him alive on 3/4, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature R O Ryan (M. D. or other)
Address Mt Grove Date signed 3/8-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 5-41/165-4
Date Filed

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 Russell Barber

Licensed Embalmer No. 3848

P. O. Address Wtn Grove, Me

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

If this body is not embalmed, fact should be so stated above.