

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 42

1. PLACE OF DEATH:

(a) County JASPER
(b) City or town WEBB CITY, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OJARE CHINN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DAYS
(Specify whether years, months or days)
In this community 29 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Jasper
(c) City or town Webb City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CLARENCE H. SANDERS

3. (b) If veteran, name war. 3. (c) Social Security No. X500-080926

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

6. (b) Name of husband or wife SALLIE 6. (c) Age of husband or wife if alive 24 years 1884

7. Birth date of deceased JANUARY 24 1884 (Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 24 If less than one day hr. min.

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

10. Usual occupation miner

11. Industry or business

12. Name CHARLES J. SANDERS

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

14. Maiden name MARY RANKIN (City, town, or county) (State or foreign country)

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

16. (a) Informant LEONARD S. SANDERS

(b) Address PONCA CITY, OKLA.

17. (a) BURIAL (b) Date thereof MAY 19, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PURCELL CEMETERY

18. (a) Signature of funeral director W. Knell

(b) Address Carthage MO

19. (a) MAY 19, 1941 (b) (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 18 year 1941 hour 9:10 minute A M.

21. I hereby certify that I attended the deceased from May 13, 1941, to May 18, 1941, that I last saw alive on May 17, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death.

Subarachnoid hemorrhage

Due to arteriosclerotic changes in the arteries

Due to

Other conditions (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?

377 (Specify type of place)

While at work? (e) Means of injury

23. Signature W. Knell (M. D. or other)

Address Webb City, MO Date signed 5/19/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER, FATHER

47
609

FILED 1943

41-6-501

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE OF NEW YORK

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE OF NEW YORK

191300

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, ~~and~~.....

..... Registered Apprentice No.

working under my personal supervision.

Signed.....

J. W. Knell

Licensed Embalmer No.

814

P. O. Address.....

Carthage, 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.