

BOARDS OF HEALTH
FILED SEP 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28102

State File No. _____

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 228

1. PLACE OF DEATH:

(a) County Cole
 (b) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
709 Rear East Miller Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____
(Specify whether
 In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
 (c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
 (d) Street No. Rear 709 East Miller Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

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3. (a) PRINT FULL NAME Eli A. Sanders

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-09-4096

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ida May Sanders 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased October 12 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>10</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Frank M. Sanders

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

14. Maiden name Eveline Steeley

15. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Eli Sanders

(b) Address Jefferson City, Missouri

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

(c) Place: burial or cremation California, Missouri

18. (a) Signature of funeral director Thorpe J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 8-18-41 (b) Edw. H. Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 16
 year 1941 hour 8 minute 11 P. M.

21. I hereby certify that I attended the deceased from now, 1941, to _____, 1941;

that I last saw him _____ alive on _____, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease

Due to _____

Due to not known

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

Major findings: Of operations none

Of autopsy none

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? _____

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

23. Signature Edw. H. Richter (M. D.)
 Address Jefferson City, Mo Date signed _____

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

MOTHER FATHER

57841

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. 1986

P. O. Address Jefferson City, Mo.

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

If this body is not embalmed, above space should be left blank.