

S. No. 2
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5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10407**
Registrar's No. **112**

FILED **APR 22 1942**
Registration District No. **164**

Primary Registration District No. **5753**

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

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1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Rural - 4 miles east of Cedar City
 (c) Name of hospital or institution: County Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution About Four Months
 In this community All of life
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town Rural
 (d) Street No. Four miles east of Cedar City
 (e) Citizen of foreign country? No.
 If yes, name country _____

3. (a) PRINT FULL NAME John Sanders
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male **5. Color or race** Black
6. (a) Single, widowed, married, divorced Not known
6. (b) Name of husband or wife Not known
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Not known

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3rd day 29th year 1942 hour 2 minute _____ A.M.
21. I hereby certify that I attended the deceased from Jan 20 1942 to 3-29 1942
 that I last saw him alive on 3-28 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years About 69 Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace Not known (City, town, or county) (State or foreign country) 9
10. Usual occupation Farm hand
11. Industry or business _____
12. Name Not known
13. Birthplace Not known (City, town, or county) (State or foreign country) 9
14. Maiden name Not known
15. Birthplace Not known (City, town, or county) (State or foreign country) 9

Immediate cause of death Diabetes Mellitus with Neugrene
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 61
PHYSICIAN
 Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Harry Carter
(b) Address Cedar City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 30 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Vernon
18. (a) Signature of funeral director Ray H. Holt
(b) Address New Bloomfield, Missouri
19. (a) 4-2-1942 (Date received local registrar) (b) Joie Mossickhoff (Registrar's signature)

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 W. O. Payne (M. D. or other) _____
Address R # 6 Fulgon **Date signed** 3-29-42

1141 (Licensed Embalmer's Statement on Reverse Side)

APR 22 1942

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.....

Not embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed

Ray A. Holt

Licensed Embalmer No. *2605*

P. O. Address

New Bloomfield Pa

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.