

BUREAU OF THE CENSUS
FILED APR 22 1942

Registration District No. 1047

Primary Registration District No. 3008

Registrar's No. 78

1. PLACE OF DEATH: Ballway

(a) County Fulton

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

(c) Name of hospital or institution: State Hospital no 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)

In this community 14 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 014

(c) City or town La Plata
(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 Armstead J Saunders

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1942 hour 11 minute 10 M.

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

21. I hereby certify that I attended the deceased from 3-10-1942 to 3-12-1942 that I last saw him alive on 3-12-1942 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Margaret Saunders 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased July 17 1869
(Month) (Day) (Year)

Immediate cause of death Meningococci

8. AGE: Years 76 Months 7 Days 26 If less than one day hr. _____ min. _____

Due to Acute Bronchopneumonia

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Labourer

Other conditions 106 L
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: Of operations _____

12. Name John H Saunders

Of autopsy _____

13. Birthplace Ky 1
(City, town, or county) (State or foreign country)

14. Maiden name Esther Miles

15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant James W Saunders

(b) Address La Plata Mo

17. (a) Burial (b) Date thereof 3-15-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Plata Mo

18. (a) Signature of funeral director DISCHIE

(b) Address La Plata Mo

19. (a) 3-17-42 (b) Joan Morant
(Date received local registrar) (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 George H Rivers (M. D. or other) MD

Address Fulton Mo Date signed 3-17-42

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

714
1
2

Duration _____

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.....

D.S. Christie

Registered Apprentice No.

working under my personal supervision.

Signed *D.S. Christie*

Licensed Embalmer No. *1109*

P. O. Address *Le Plata 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.