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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
118 East Atchison 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 56 yrs
years, months or days

2. USUAL/RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 118 East Atchison Str
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Anna Sanders

3. (b) If veteran, name war _____

3. (c) Social Security No. none

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 1 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 9 20 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Bull

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

14. Maiden name Cynthia Davis

15. Birthplace Va 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gus Schell

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof Aug-23-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

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

(b) Address Jefferson City, Missouri

19. (a) 8-25-42 (b) Malcolm Richter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1942 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from 12-1 1907 to 8-21 1942 that I last saw not alive on 8-21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Parenchymatous Nephritis 5 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1316

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Malcolm Richter (M. D. or other) _____

Date, signed 8-22-42

Address Jefferson City, Mo

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.....

Louis Quest
Licensed Embalmer No.....

4096
P. O. Address.....
Jefferson City

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.