

LED AUG 10 1943
Registration District No. 74

Primary Registration District No. 3035

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

54
3
2

1. PLACE OF DEATH:

(a) County... Lafayette

(b) City or town... Huntington

(c) Name of hospital or institution: 19th Franklin
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State... MO (b) County... Lafayette

(c) City or town... Huntington

(d) Street No... 19th Franklin
(If rural, give location)

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

3. (a) PRINT FULL NAME: ARTHUR W. SANDERING

3. (b) If veteran, name war...
3. (c) Social Security No. 495-07-0901

4. Sex... M
5. Color or race... W
6. (a) Single, widowed, married, divorced... married
6. (b) Name of husband or wife... Virginia McCall
6. (c) Age of husband or wife if alive... 40 years
7. Birth date of deceased... June 1, 1897

8. AGE: Years 46, Months 6, Days 1
If less than one day hr. min.

9. Birthplace... Huntington MO

10. Usual occupation... furniture dealer

11. Industry or business

12. Name... Albert W. Sandering

13. Birthplace... Germany

14. Maiden name... Alma Winkler

15. Birthplace... Huntington MO

16. (a) Informant... Mrs Virginia Sandering

(b) Address... Huntington MO

17. (a) Burial, cremation, or removal...
(b) Date thereof... 7-5-1943
(c) Place: burial or cremation... Huntington MO

18. (a) Signature of funeral director... Winkler
(b) Address... Huntington MO

19. (a) 8-5-43 (b) Mrs. Fred Schwalz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 2, year 1943, hour 8, minute 0, M.

21. I hereby certify that I attended the deceased from July 2/43 to 19... to 19...; that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary Occlusion
Theur boxis
Due to... Atherosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations...
Of autopsy...
94a

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? ...
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ...

While at work? (Specify type of place)
(c) Means of injury ...

23. Signature... (M. D. or other) ...
Address... Date signed... 7/3/43

Temp

File 8-9-73

REC 22 1958

AUG 11 1958

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 Garrist F. Tempel
Licensed Embalmer No. 3275-
P. O. Address Livingston, Va

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.