

FILED JAN 6 1944

Registration District No. 128

Primary Registration District No. 2321

1. PLACE OF DEATH:

(a) County: HICKORY  
(b) City or town: HERMITAGE  
(c) Name of hospital or institution: HERMITAGE  
(d) Length of stay: In hospital or institution: .....  
In this community: ALL OF LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: HICKORY  
(c) City or town: HERMITAGE  
(d) Street No. ....  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country: .....

3. (a) PRINTED FULL NAME: WALTER LANDRETH SANDERS

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

4. Sex: MALE 5. Color or race: W 6. (a) Single, widowed, married, divorced: SINGLE

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

7. Birth date of deceased: NOVEMBER 13-1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 0 20 hr. min.

9. Birthplace: HERMITAGE MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation: INVALID

11. Industry or business: .....

MOTHER FATHER

12. Name: WILLIAM W SANDERS

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

14. Maiden name: ALMEDA SMITH

15. Birthplace: GENN  
(City, town, or county) (State or foreign country)

16. (a) Informant: MRS KYTEL COON

(b) Address: HERMITAGE, MISSOURI

17. (a) BURIAL (b) Date thereof: 12-3-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: LIBERTY CEMETRY

18. (a) Signature of funeral director: GILBERT HATHAWAY

(b) Address: WHEATLAND, MISSOURI

19. (a) Dec 14-1943 (b) Mary G. Carstensen  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: DECEMBER day: 3  
year: 1943 hour: 8 minute: 30 A. M.

21. I hereby certify that I attended the deceased from Dec. 3 1943 to Dec 3 1943,  
that I last saw him alive on Dec 3 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Angina pectoris (sudden death)

Due to: .....

Due to: .....

Other conditions: 94 h  
(Include pregnancy within 3 months of death)

Major findings: Of operations: .....

Of autopsy: .....

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) (c) Means of injury: .....

23. Signature: P. D. Bailey (M. D. or other) MD

Address: Hermitage, Mo. Date signed: Dec 10

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

RECEIVED

District Health Officer No. 7,

District File Number 1-2-43-1396

Date Filed 1-4-44

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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 Chas. Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.**