

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: 2111 Sargeant /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 55 years
years, months or days

3. (a) PRINT FULL NAME Ida May Sanders

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Judson G. Sanders

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased January 11, 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Palmerton

13. Birthplace No record 9

14. Maiden name Elizabeth McAntire

15. Birthplace No record 9

16. (a) Informant Bealdyue Erno

(b) Address 723 Picher Joplin Mo

17. (a) Burial (b) Date thereof 12/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Missouri

19. (a) 12-27-43 (b) Gertude Sudhalter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL") 5

(d) Street No. 723 Picher
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23
year 1943 hour 2:00 P. Minute _____ M.

21. I hereby certify that I attended the deceased from 12-8 1943 to 12-28 1943
that I last saw her alive on 12-9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure

Due to arteriosclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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 K. Stover (M. D. or other) _____

Address Joplin Mo Date signed 12-27-43

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

MOTHER FATHER

45-12-1084

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 *Ray K. Hulbert*

Licensed Embalmer No. *90-9*

P. O. Address *Japan 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.