

FILED APR 6 1944

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:
328 Brunswick 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 26 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. 328 Brunswick Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Thomas Mahlon Saunders

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leina Saunders 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Dec. 3rd. 1871
(Month) (Day) (Year)

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

72 3 4 hr. min.

9. Birthplace Carroll County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Clark Saunders

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

14. Maiden name Catherine

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

16. (a) Informant Mrs Tom Saunders
(b) Address Chillicothe, Missouri.

17. (a) Burial (b) Date thereof 3-9-'43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Mound Cemetery

18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Missouri.

19. (a) March 9-44 (b) hou Ekha Curry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th.
year 1944 hour 12:05 minute A: M.

21. I hereby certify that I attended the deceased from Jan 10 1944 to May 7 1944
and that I last saw him alive on May 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis : 5 years
Duration

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 A. J. Collier (M. D. or other) 0
Address Chillicothe, Mo Date signed 3/8/44

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

59
1
2

59

2

44
44

93d

408

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.....

E. R. Norman....., Registered Apprentice No.....
working under my personal supervision.

Signed ER Norman.....

Licensed Embalmer No. 2374.....

P. O. Address Chillicothe, 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.