

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 4 1944

Primary Registration District No. 6056

Registrar's No. 10

7300

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

1. PLACE OF DEATH:

(a) County St. Clair Co

(b) City or town Deepwater, Ma. Rd. No. 2  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bullvine Tr  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Walter William Sanders

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased August 30, 1867  
(Month) (Day) (Year)

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

77 0 27 hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Tom Sanders

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

14. Maiden name Thompson

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Russell Sanders

(b) Address Rt. 2

17. (a) Burial (b) Date thereof 9-29-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery

18. (a) Signature of funeral director J. H. Hays

(b) Address Deepwater, Ma. Rd. No. 2

19. (a) 9-30-44 (b) D. E. K. Hinnis  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hend. Co

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27  
year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 27 1944 to Sept 27 1944  
that I last saw him alive on Sept 27 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN H. B. H.

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 J. J. Russell (M: D. or other) \_\_\_\_\_  
Address Deepwater Date signed 9/25

9-44-1085  
10-3-44

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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 John H. H. H.

Licensed Embalmer No. 2782

P. O. Address Deepwater 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.