

FILED DEC 16 1944
Registration District No.

Primary Registration District No. 4552

Registrar's No. 115

1. PLACE OF DEATH:
 (a) County Wright
 (b) City or town Mountain Grove
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether
 In this community 65 years
years, months or days)

3. (a) PRINT FULL NAME Mrs Alice 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 Married
 6. (b) Name of husband or wife Samuel Sanders
 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased July 30 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 16 hr. min.

9. Birthplace Knoxville Tennessee
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business
 12. Name David Ragain
 13. Birthplace N, Carolina
(City, town, or county) (State or foreign country)
 14. Maiden name Malinda Hampton
 15. Birthplace West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Sanders
 (b) Address Mountain Grove Mo
 17. (a) Burial (b) Date thereof 11/19/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hill-Crest Cemetery

18. (a) Signature of funeral director H. M. Lower
Mountain Grove Missouri
 (b) Address 12544
 19. (a) 12544 (b) H. M. Lower
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Wright 114
 (c) City or town Mountain Grove
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16
 year 1944 hour 10 minute 15 P. A. M.
 21. I hereby certify that I attended the deceased from 10-16-1944 to 11-16-1944
 that I last saw her alive on 11-16-1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
 Duration

Due to 82a
 Due to
 Other conditions (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) (e) Means of injury 0
 23. Signature H. M. Lower (M. D. or other)
 Address Mountain Grove Mo Date signed 11-19-44

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

14-10

RECEIVED

District Health Officer No. 6;

District File Number 1244-1350

Date Filed DEC 12 1944

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 George Stapp
Licensed Embalmer No. 3164
P. O. Address W. H. Moore

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.