S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4920

Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 6

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

3939

21
2
0

1. PLACE OF DEATH:

(a) County Chariton

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton 21

(c) City or town Salisbury 2
(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) 0

If yes, name country

3. (a) PRINT FULL NAME Roy Price Saunders

3. (b) If veteran, name war 1st World War

3. (c) Social Security No.

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Uldene Saunders

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June (Month) 3 (Day) 1896 (Year)

8. AGE: Years 49 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Chariton Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation House Painter

11. Industry or business

FATHER
12. Name John Lewis Saunders
13. Birthplace Chariton Co (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Hannah Packwood
15. Birthplace (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Mrs Price Saunders
(b) Address Salisbury Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-46 (Month) (Day) (Year)
(c) Place: burial or cremation Prairie Valley Cem.

18. (a) Signature of funeral director Geo B Winkelmeyer
(b) Address Salisbury Mo

19. (a) 2/15/46 (Date received local registrar) (b) G W Hawkins MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1946 hour 5.20 minute P M.

21. I hereby certify that I attended the deceased from Feb 13, 1946 to Feb 13, 1946
that I last saw him alive on Feb 13, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Embolism	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 940	

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature G W Hawkins (M. D. or other)
Address Salisbury Mo Date signed 2/15/46

55 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number ~~[illegible]~~
Date Filed 2-27-46

MAR 11 1946

MAR 7 1946

MAR 4 1946

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 C. H. Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury Md

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.