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

Dr Manson

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5022

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: 928 E. Miller 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 Five years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 11
(If outside city or town limits, write "RURAL")

(d) Street No. 928 E. Miller 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Rhoda Sanderson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Henry

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Sept. (Month) 10 (Day) -1893 (Year)

8. AGE: Years 52 Months 5 Days 11 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Alfred Washington
13. Birthplace Fulton (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Armanda Ramsey
15. Birthplace Fulton (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Henry W Sanderson
(b) Address 928 E. Miller St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Fulton, Mo.

18. (a) Signature of funeral director Tanner Sevoie
(b) Address 700 Jefferson

19. (a) 2-25-46 (Date received local registrar) (b) R. G. Dorris MD (Registrar's signature) NR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1946 hour minute 4 P. M.

21. I hereby certify that I attended the deceased from Feb 1944, to Feb 21 1946 that I last saw her alive on Feb 21 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer intercaus	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 486	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edw Manner (M. D. or other)

Address Jefferson City Mo Date signed 2-25-46

68 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-26-46

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.....

Licensed Embalmer No. 3641

P. O. Address.....

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.