

No. 2  
8-43  
5-17-39  
1 X37823

41632

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 11 1946

Registration District No. 277

Primary Registration District No. 4411

Registrar's No. 63

1. PLACE OF DEATH  
 (a) County Pike  
 (b) City or town Bowling Green  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Home  
(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

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County Pike  
 (c) City or town Bowling Green  
(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 \_\_\_\_\_

3. (a) PRINCE FULL NAME SAMUEL MILTON SANDERSON  
 3. (b) If veteran, name war X  
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb day 12 year 1946 hour 1 minute 2 M.  
 21. I hereby certify that I attended the deceased from 12/3/46 to 12/4/46  
 that I last saw him alive on 12/3/46 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Edna M. Sanderson  
 6. (c) Age of husband or wife if alive 74 years  
 7. Birth date of deceased Oct. 24 1946  
(Month) (Day) (Year)

Immediate cause of death Nephritis Chronic  
 Duration 2 weeks

8. AGE: Years 86 Months 8 Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

9. Birthplace Bedford Co. Virginia  
(City, town, county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 13/13  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

10. Usual occupation Stockman - Farmer  
 11. Industry or business \_\_\_\_\_  
 12. Name Thomas J. Sanderson  
 13. Birthplace Bedford Co. Virginia  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Jane Drummond  
 15. Birthplace Bedford Co. Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vella E. Ehrler  
 (b) Address Bowling Green Mo.

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? 0

(c) Place: burial or cremation Eldgewood Mo.  
 18. (e) Signature of funeral director Amos Bankhead  
 (b) Address Bowling Green Mo.  
 19. (a) 12/7/46 (Date received local registrar)  
 (b) Bill Robinson (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury no  
 23. Signature W. M. Malloy (M. D. or other)  
 Address Bowling Green Mo. Date signed 12/5/46

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

254

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 1  
District File Number 12-46-2  
Date filed DEC 10 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 Grace M. Rankhead

Licensed Embalmer No. 2204

P. O. Address Rowling Green, 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.