

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14219

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 154

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 weeks
(Specify whether
In this community Most of lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion *bif*
(c) City or town Hannibal *3*
(If outside city or town limits, write "RURAL")
(d) Street No. 1713 Broadway *4*
(If rural, give location) *6*
(e) Citizen of foreign country? no (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME CHARLES F. SAUNDERS

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ada Saunders 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased July 26, 1853
(Month) (Day) (Year)

8. AGE: Years 93 Months 8 Days 14 If less than one day - hr. - min.

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

10. Usual occupation retired

11. Industry or business ---

MOTHER FATHER { 12. Name S. Quire Saunders
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Harriett D. Williams
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Yola Pollard
(b) Address 1713 Broadway, Hannibal, Mo.

17. (a) burial (b) Date thereof Apr. 12, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director Ray O. Schwartz
(b) Address 1000 Broadway, Hannibal, Mo.

19. (a) 4-15-47 (b) W. E. M. Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1947 hour 11 minute 20 p.m.

21. I hereby certify that I attended the deceased from Jan 1945 to Apr 10 1947
that I last saw him alive on Apr 10 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to arteriosclerosis

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

Major findings: Of operations ---
Of autopsy ---

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? ---

23. Signature Stamley (M. D. or other) ---
Address Hannibal Mo Date signed ---

Duration ---
PHYSICIAN ---
Underline the cause to which death should be charged statistically.

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

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 Paul Richard Brown

Licensed Embalmer No. 4324

P. O. Address. Hannibal, 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.