No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9739

Registration District No. 278 | Primary Registration District No. 2054 | Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pike 82
(c) City or town: Bowling Green 1
(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 SANDERSON
3. (b) If veteran, name war: W.W #2
3. (c) Social Security No.: 490-18-6008
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Francis Nolan Sanderson
6. (c) Age of husband or wife if alive: 34 years
7. Birth date of deceased: 11 (Month) 5 (Day) 1905 (Year)

8. AGE: Years	Months	Days	If less than one day
42	3	2	hr. min.

9. Birthplace: Pike Co (City, town, or county) Mo (State or foreign country) n
10. Usual occupation: Truck Driver
11. Industry or business:
FATHER 12. Name: Sam Sanderson
13. Birthplace: ? (City, town, or county) Va (State or foreign country)
MOTHER 14. Maiden name: Sammy Surgen
15. Birthplace: ? (City, town, or county) Va (State or foreign country)
16. (a) Informant: Roy Sanderson
(b) Address: BG
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Salem Creek
18. (a) Signature of funeral director: John W. Butler
(b) Address: Bowling Green Mo
19. (a) 4-2-48 (Date received local registrar) (b) BERNIECE COLLIER (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 1 year 48 hour 4 minute 15 P.M.
21. I hereby certify that I attended the deceased from 2-26-48 to 3-1-48 that I last saw him alive on 3-1-48; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Failure	Few minutes
Due to: Coronary Artery Thrombosis	3-4 days
Due to: Cardiac Enlargement	Light
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NA	
Of autopsy:	

PHYSICIAN
Underline the cause of 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: Chas H Lewellen (M. D. or other)
Address: Louisiana Mo Date signed: 3/1/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

APR 2 1948

RECEIVED
District Health Officer No.
District File Number 3-48-591
Date Filed MAR 31 1948

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 John W. Butler

Licensed Embalmer No. 4447

P. O. Address Bowling Green

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.