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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20179

State File No.

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 5-8

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Renfro Alley
(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 of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67
(c) City or town Charleston
(If outside city or town limits, write "RURAL")
(d) Street No. Renfro Alley, Charleston, Mo. 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Willie Mae Sanders

3. (b) If veteran, name war No

3. (c) Social Security No. Noen

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife Kenneth Sanders

6. (c) Age of husband or wife if alive ~~Not Known~~ 31 years

7. Birth date of deceased May (Month) 23, (Day) 1927 (Year)

8. AGE:

Years	Months	Days	If less than one day
21	0	23	hr. min.

9. Birthplace Forest (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Dan Murray
13. Birthplace Forest (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Lattie Mae Metcalf
15. Birthplace Forest (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Lattie Mae Jackson
(b) Address Charleston, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery Charleston, Missouri.

18. (a) Signature of funeral director Edward E. Nunnelee
(b) Address Charleston, Missouri.

19. (a) 7-2-48 (Date received local registrar) Mrs. John Bondurant (Registrar's signature) 191

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th year 1948 hour 12:00 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr 9, 1948, to June 16, 1948; that I last saw her alive on June 12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulm. Tuberculosis	OK.
Due to	
Due to	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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 L. Chas Lolwing (M. D. or other)
Address Charleston Mo. Date signed 6-23-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 748-82
Date Filed 7-6-48

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 Joe R. Nunnelee

Licensed Embalmer No. 4413

P. O. Address Charleston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.