

FILED NOV 3 1948

Registration District No. **274**

Primary Registration District No. **4405**

Registrar's No. **298**

1. PLACE OF DEATH:

(a) County **Pettis**  
 (b) City or town **Greenridge**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**At 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 **35 Years**  
 years, months or days

3. (a) PRINT FULL NAME **JAKE SANDERS**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W.**  
 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **Cora Bowers**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **April 22, 1877**  
 (Month) (Day) (Year)

8. AGE: Years **71** Months **5** Days **18**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Sedalia - Missouri**  
 (City, town, or county) (State or foreign country)

MOTHER FATHER

10. Usual occupation **Retired Farmer**  
 11. Industry or business \_\_\_\_\_  
 12. Name **Edmond C. Sanders**  
 13. Birthplace **Florence Missouri**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Margaret Keele**  
 15. Birthplace **Tennessee**  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant **Mrs. Arley Skidmore**  
 (b) Address **Greenridge, Missouri**  
 17. (a) **Burial** (b) Date thereof **10-13-1948**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Greenridge Cemetery**  
 18. (a) Signature of funeral director **[Signature]**  
**Sedalia, Mo.**  
 (b) Address \_\_\_\_\_  
 19. (a) **10-13-48** (b) **Betty Yeager**  
 (Date received local registrar) (Registrar's signature) Deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**  
 (c) City or town **Greenridge**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **None**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **10**  
 year **1948** hour **11** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Oct 4, 1948, to Oct 10, 1948**  
 that I last saw him alive on **Oct. 10, 1948**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions **Influenza, Nephritis**  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **[Signature]**  
 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?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury **0**

23. Signature **H. A. Hite** (M. D. or other) **M.D.**  
 Address **Green Ridge Mo.** Date signed **10/14/48**

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 10-15-48

DEC 23 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 Frank S Coffman Jr

Licensed Embalmer No. 4559

P. O. Address Sedalia, Mo

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

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