

No. 2
1/47
17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37486

State File No.

Registration District No. 247

Primary Registration District No. 4366

Registrar's No. 45

1. PLACE OF DEATH:

(a) County NEWTON
(b) City or town GRANBY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution lifetime
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON
(c) City or town GRANBY
(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) PRINT FULL NAME George Albert SANDERS

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 MARRIED
6. (b) Name of husband or wife LULA SANDERS 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased DECEMBER 29 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>8</u>	<u>8</u> hr. min.

9. Birthplace GRANBY MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation MINER

11. Industry or business:
12. Name WM. SANDERS
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name MARY WOODS
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. OPAH MESPAY
(b) Address GRANBY MISSOURI
17. (a) BURIAL (b) Date thereof Nov 9, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation GRANBY CEMETERY

18. (a) Signature of funeral director Charles Shewmake
(b) Address Granby Mo
19. (a) 11-13-1948 (b) M. L. Young
(Date received local registrar) (Registrar's signature) 225

Jefferson City Printing Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1948 hour 11 minute 03 P.M.
21. I hereby certify that I attended the deceased from Oct 1
..... 19 48 to Nov 6 19 48
that I last saw him alive on Nov 6 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial degeneration
Chung 95
Due to SITICOSIS 2 yrs.

Due to:
Other conditions (include pregnancy within 3 months of death):

Major findings: Of operations: ang
Of autopsy: ang

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 ?
23. Signature Charles Shewmake D. or other DO
Address Granby Date signed 11-7-48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

Newton Co. Health Dept.
District Health Officer No. 1148-415
District File Number 1148-415
Date filed Nov. 16, 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 G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville, 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.