

No. 2
1/47
17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1823

National Office of Vital Statistics

State File No.

FILED FEB 6 1948

Registrar's No. 2

Registration District No. 24

Primary Registration District No. 3646

1. PLACE OF DEATH:

(a) County Moniteau Co
(b) City or town California, Mo Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Latham Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
Rural
(c) City or town Centertown, Mo Rt #2
(If outside city or town limits, write "RURAL")
(If rural, give location)
(d) Street No. Centertown, Mo Rt #2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Louella B. Sanders

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oliver Sanders
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Feb 26 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1948 hour 11/20 minute A M.
21. I hereby certify that I attended the deceased from Dec 26
1947, to Jan 7 1948
that I last saw her alive on Jan 7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 2 days

8. AGE: Years Months Days If less than one day
70 10 12 hr. min.

9. Birthplace Madison Co Ill
(City, town, or county) (State or foreign country)
House Wife

10. Usual occupation

11. Industry or business

12. Name Jasper Starkey

13. Birthplace Ill
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Fife
(City, town, or county) (State or foreign country)

15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Jasper Sanders

(b) Address Centertown, Mo

17. (a) Burial (b) Date thereof Jan 10 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shiloh Cemt.

18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo

19. (a) 1-10-48 (b) H.P. Popejoy
(Date received local registrar) (Registrar's signature)

Other conditions Cardio-vascular & Hypertension and Arterial Sclerosis 107-1
(Include pregnancy within 3 months of death)
Major findings: Physician
Of operations.....
Of autopsy 938
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 E. L. Gibbs (M. D. or other)
Address California Date signed 1/10/48

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

MOTHER, FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed *5/3/48*

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 *me*

..... Registered Apprentice No.
working under my personal supervision.

Signed *Earl R. Doulton*

Licensed Embalmer No. *2126*

P. O. Address *California, D.C.*

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.