

S. No. 2
M-1-4-41
v. 5-17-39
X26390

42531

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 23 1942

Registration District No. 571

Primary Registration District No. 4335

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Moniteau Co. Walker

(b) City or town California, MO. Mo. Jr.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
Life (Specify whether years, months or days)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Moniteau

(c) City or town California, Mo.
(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 Addison Sanders

3. (b) If veteran, name war 770

3. (c) Social Security No. 499-10-4610

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th
year 1941 hour 1 minute _____ P.M.

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 45 years 6 1890
(Month) (Day) (Year)

7. Birth date of deceased Mar 6 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from death
when first seen to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

51 9 19 _____ hr. _____ min.

Immediate cause of death Skull fracture
Brain Concussion

9. Birthplace Moniteau Co, Mo
(City, town, or county) (State or foreign country)

Due to Auto accident caused by
Person & auto colliding while
moving at an angle to each other on
U.S. Highway 50 W.M.
Other conditions riding in auto
(Include pregnancy within 3 months of death)

10. Usual occupation Labor

Major findings:
Of operations _____
Of autopsy _____

1702-8
22

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____

12. Name Francis Sanders

13. Birthplace Ill 1
(City, town, or county) (State or foreign country)

14. Maiden name Marian Reed

15. Birthplace Moniteau Co, Mo
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence December 25, 1941

(c) Where did injury occur? California, Moniteau Co. Mo.
(City or town) (County) (State)

16. (a) Informant Edward Sanders

(b) Address California, Mo

17. (a) Old Salem Cemt (b) Date thereof Dec. 27. 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Salem Cemt

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On U.S. Highway 50 in California Mo.

(e) Means of injury Auto
While at work? no

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California, Mo.

23. Signature Henry Latham (M. D. or other) Coroner's

Address California, Mo Date signed 12/26/41

19. (a) Dec. 26 (b) Mrs. James Roth
(Date received local registrar) (Registrar's signature)

570

(Licensed Embalmer's Statement on Reverse Side)

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

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 Paul R. Bonlin
Licensed Embalmer No. 2126
P. O. Address California, 970

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.