

REC'D SEP 2 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29893
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois Registration District No. 771
(b) Township Bismarck Primary Registration District No. 4462 Registered No. _____
(c) City Bismarck (d) Street No. _____
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Mrs. Ina Lee Sanders 536
(a) Residence, No. Bismarck Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George T. Sanders
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6 - 1895
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 42 10 6
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Wif.
9. Industry or business in which work was done, as saw mill, bank, etc. Home work
10. Date deceased last worked at this occupation (month and year) Mar. 1 - 1938 11. Total time (years) spent in this occupation 20 yrs
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malvern Ark.
13. NAME Thomas J. Reed
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.
15. MAIDEN NAME Josephine Washington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) George T. Sanders, Bismarck Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Malvern Ark DATE June 13 38
19. FUNERAL DIRECTOR (ADDRESS) White Hall Bismarck Mo
20. FILED June 12 1938 J. W. Gale M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 - 1938
22. I HEREBY CERTIFY that I attended deceased from Nov. 1 - 1934 to June 12 38
I last saw h. alive on June 15 - 1938 Death is said to have occurred on the date stated above, at 5a M.
The principal cause of death and related causes of importance were as follows:
Cancer of Uterus
Other contributory causes of importance: H&W
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____ (Signed) J. W. Gale M. D.
Bismarck Mo 1936

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 3 1951

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed

Licensed Embalmer No.

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.)