

DEC'D FEB 25 1939

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

3417

Do not use this space.

1. PLACE OF DEATH

(a) County Perry Registration District No. 662
(b) Township Salem Primary Registration District No. 5880 Registered No. 3
(c) or City (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 594 Joseph Sandlin

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 6 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Perry Co.
(STATE OR COUNTRY) MO.

FATHER 13. NAME Calvin Sandlin

14. BIRTHPLACE (CITY OR TOWN) North Carolina
(STATE OR COUNTRY) 1

MOTHER 15. MAIDEN NAME Caroline Rhyne

16. BIRTHPLACE (CITY OR TOWN) North Carolina
(STATE OR COUNTRY) 1

17. INFORMANT Mrs. Anton Boxdorfer
(ADDRESS) Crosstown Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crosstown, Mo. DATE Jan. 19 1939

19. FUNERAL DIRECTOR (NAME) Young & Sons
(ADDRESS) Perryville Mo.

20. FILED 1-20 1939 J. P. De Laune
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18 193922. I HEREBY CERTIFY, That I attended deceased from Jan. 16 1939 to Jan. 18 1939

I last saw him alive on Jan. 16 1939. Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy (left sided hemiplegia) Date of onset 1/6/39+

Other contributory causes of importance: 82 ml

Name of operation none Date of _____
What test confirmed diagnosis plum Was there an autopsy? No

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) Bernard T. Kowal, M. D.
Perryville, Mo. (Address)

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.