DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7373

Registration District No. 548. Primary Registration District No. 5740. Registrar's No. 9

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution —
(Specify whether

In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Island No. 13.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 16 years.

3. (a) PRINT FULL NAME BERNARD SAND 531

3. (b) If veteran, name war World War

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased July (Month) 5 (Day) 1887 (Year)

8. AGE: Years 52 Months 7 Days 11 If less than one day — hr. — min.

9. Birthplace Plantluenna (City, town, or county) Germany (State or foreign country)

10. Usual occupation Cabnet Maker 6

11. Industry or business Showcase Co.

FATHER
12. Name Hamon Sand 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Marie A. Schmitt
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Herman Sand

(b) Address Palmyra Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19 1940 (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Cemetery Palmyra Mo.

18. (a) Signature of funeral director E. J. Sprague

(b) Address Palmyra Mo.

19. (a) Feb. 19-1940. (Date received local registrar) (b) Gertrude Lee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1940 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from May, 1939, 19 , to Feb 16, 1940 that I last saw him alive on Jan 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Carcinoma of bladder

Due to Metastasis of carcinoma of bladder

Other conditions
(Include pregnancy within 3 months of death) 51

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to 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

23. Signature [illegible] (M. D. or other)

Address Palmyra, Mo Date signed 2/19/40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

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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 E. J. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra 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, above space should be left blank.