

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

FILED APR 4 1940

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

10882
Do not use this space.

1. PLACE OF DEATH
 (a) County Franklin Registration District No. 297
 (b) Township Washington Primary Registration District No. 3016 Registered No. 128
 (c) City Washington (d) Street No. St. Francis Hospital 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 Frances E. Sanders
 (a) Residence, No. Concord Hill, Mo. St. Concord Hill, Mo.
 (Usual place of abode, if no street address, write county or city) (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 OR (OR) WIFE OF Hy Sanders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 0 0

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. Housewife
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concord Hill Mo.

FATHER
 13. NAME Aug Meyer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wapakoneta Ohio

MOTHER
 15. MAIDEN NAME Katharine Scherrie
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT Hy Sanders
 (ADDRESS) Martha'sville Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Concord Hill, Mo. DATE Mar 7 1940

19. FUNERAL DIRECTOR (NAME) Fred W. Richtmyer
 (ADDRESS) Martha'sville Mo.

20. FILED Mar. 4 1940 H. A. May
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 1940
Feb 27

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1940, to Mar 4, 1940
 I last saw h. r. alive on Mar 4, 1940 Death is said to have occurred on the date stated above, at 6:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 2-27-40
121
 Other contributory causes of importance:
Cerebral arteriosclerosis Heart
Nephritis knaw

Name of operation none Date of 0
 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) R. R. Eubel M. D.
 (Address) Washington, Mo.

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.