

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

11986

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township 3 Primary Registration District No. 3032 Registered No. 114
(c) City or Sedalia (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

Charles Monroe Sandis
(a) Residence, No. 1405 East 5th St 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Bell Sandis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22 - 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 6 29
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. Labor
10. Date deceased last worked at this occupation (month and year) 1909 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
13. NAME Abraham Sandis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana Penn. Co.
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk
17. INFORMANT Mrs Rose Bell Sandis
(ADDRESS) 1405 East 9th St
18. BURIAL, CREMATION, OR REMOVAL PLACE New Lebanon DATE 3-22-1940
19. FUNERAL DIRECTOR (NAME) Pharane Ewing
(ADDRESS) Sedalia Mo
20. FILED 3-22-1940 Mrs Harry Sneed Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Datum 15, 1935 to March 20, 1940

I last saw h. him alive on March 20, 1940. Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Gangrene left leg

Date of onset 1930

Feb 1, 1940

Other contributory causes of importance: 59

Name of operation none Date of _____

What test confirmed diagnosis? Chem 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) Charles Bellhorne M. D.

(Address) 113 1/2 E 9th St Sedalia Mo

MARGIN RESERVED FOR BINDING 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-11-40

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 *Duane Ewing*
Licensed Embalmer No. *3817*
P. O. Address *Sedalia 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.