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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32077

FILED OCT 10 1940

Registration District No. 315 Primary Registration District No. 2001 Registrar's No. 799

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution Camp Manor Apartment
(d) Length of stay: In hospital or institution 20
In this community 2 years, months or days

3. (a) PRINT FULL NAME

Adeline Sanders

3. (b) If veteran, name war UNKNOWN 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sister D. Sanders 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased March 23 1887 (Month) (Day) (Year)

8. AGE: Years 1 53 Months 6 Days 7 If less than one day hr. min.

9. Birthplace Neilbank, S.D. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife 1

11. Industry or business In Home 1

MOTHER FATHER { 12. Name John W. Malsed 13. Birthplace Unknown Va. (City, town, or county) (State or foreign country) 14. Maiden name Grace Farver 15. Birthplace Unknown Minn. (City, town, or county) (State or foreign country)

16. (a) Informant Lester D. Sanders

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 10-2-40 (Month) (Day) (Year)

(c) Place: burial or cremation Aurora, Mo.

18. (a) Signature of funeral director Alma Lehmyer

(b) Address Springfield, Mo.

19. (a) Oct. 2, 1940 (b) W. E. Handley (c) (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 423 E Elm
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30 year 1940 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from July 5 - 1940 to Sept 30, 1940; that I last saw her alive on Sept 25, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis

Due to Arterio sclerosis - 3 yrs.

Due to Hypertension - 3 yrs.

Other conditions (Include pregnancy within 6 months of death)

Major findings: Of operations

Of autopsy

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?

9 C 114 While at work (Specify type of place) (e) Means of injury

Signature J. B. Camp (M. D. or other) 1 Md.

Address Springfield Date signed Oct 1, 40

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

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.....

Harlow Knab

Licensed Embalmer No. *4065*

P. O. Address *Springfield M*

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, fact should be so stated above.