No. 2
1-4-41
-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18641

Registration District No. 668 Primary Registration District No. 3039 Registrar's No. 186

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1215 W. Spring St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 hrs. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pettis 80
(c) City or town: Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No.: 1215 Spring St 5
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Martha Viola Sands
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Fe.
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Wm A. Sands
6. (c) Age of husband or wife if alive: 49 years
7. Birth date of deceased: May (Month) 6 (Day) 1899 (Year)

8. AGE: Years 42 Months 0 Days 22 If less than one day hr. min.

9. Birthplace: St Genevieve Mo (City, town, or county) (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:
FATHER 12. Name: Jackson Wampler
13. Birthplace: Penn (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Vaugh
15. Birthplace: Ill (City, town, or county) (State or foreign country)
16. (a) Informant: Wm A. Sands
(b) Address: Sedalia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-29-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill
18. (a) Signature of funeral director: McLaughlin Bros
(b) Address: Sedalia
19. (a) 5-29-41 (Date received local registrar) (b) Mrs Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1941 hour 2:00 minute A. M.
21. I hereby certify that I attended the deceased from 1935, 19..., to May 28, 1941; that I last saw her alive on May 26, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	6 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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: A. L. Walter (M. D. or other) M.D.
Address: Sedalia Mo Date signed: 5-29-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6-11-41

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 Robert H. Reed

Licensed Embalmer No. 3746

P. O. Address Sedalia

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.