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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1941

Registration District No. 104

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24674

Primary Registration District No. 3008

Registrar's No. 192

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital no 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. (Specify whether years, months or days)

In this community 1 mo 18 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 014 1

(c) City or town City of St. Louis 2
(If outside city or town limits, write "RURAL")

(d) Street No. 4154 Osceola
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MAY-SANKEY

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F O

5. Color or race W

6. (a) Single, widowed, married, divorced Sep 2

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Feb 1 (Month) 1895 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
46	6	14	hr. min.

9. Birthplace N. Y. City (City, town, or county) 1 (State or foreign country)

10. Usual occupation Waitress

11. Industry or business

FATHER
12. Name Fred Rhoades
13. Birthplace Indiana (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Anna Martin
15. Birthplace N. Y. City (City, town, or county) 1 (State or foreign country)

16. (a) Informant

(b) Address Records

17. (a) ✓ (Burial, cremation, or removal) (b) Date thereof July 17, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Glen H. Martin

(b) Address 700 Court Fulton, Mo.

19. (a) 7/15/41 (Date received local registrar) (b) R. N. Crewe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year hour 4 minute 45 A M.

21. I hereby certify that I attended the deceased from July 14, 1941 to July 15, 1941; that I last saw her alive on July 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death unknown

Due to syphilitic meningo encephalitis

Due to

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

Major findings:
Of operations no anatomical cause of death
Of autopsy Dr. Neel

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 Joseph Imperatrice (M. D. or other) M.D.

Address Fulton State Hospital Date signed 7/15/41

(Licensed Embalmer's Statement on Reverse Side)

AUG 7 1949

JUL 17 1946

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 Glen Y. Mangum

Licensed Embalmer No. 2425

P. O. Address Fulton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. No. 2B
—8-21-41
PI X29288

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

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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24674

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 192

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. no 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr - 1 mo - 18 day (Specify whether years, months or days)
~~In this community 1 mo 18 days~~

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

3. (a) PRINT FULL NAME May Sanbey
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Sept 13, 1941 (Date received local registrar) (b) R. N. Crews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 1 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

DEC 18 1941