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X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
SEP 10 1941

# MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **28487**

Registration District No. **1159**

Primary Registration District No. **5549**

Registrar's No. **15**

**1. PLACE OF DEATH:**

(a) County **Iron**

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

(c) Name of hospital or institution: **U**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Iron** **047**

(c) City or town **Graniteville**  
(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 **no**

**3. (a) PRINT FULL NAME** **Marganett Sands**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **fem** | 5. Color or race **white** | 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **William Sands** | 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **Jan 27 1885**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>56</b>	<b>6</b>	<b>22</b>	hr. _____ min.

9. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business \_\_\_\_\_

**MOTHER FATHER** { 12. Name **Samuel Beaman**

13. Birthplace **Ind.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Jane Dennis**

15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **William Sands**

(b) Address **Graniteville Mo.**

17. (a) **burial** (b) Date thereof **8/21/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mine La Motte Mo.**

18. (a) Signature of funeral director **Norman White & Sons**

(b) Address **A. V. White Ironton Mo.**

19. (a) **Sept 10 - 41** (b) **Mrs. J. A. Townsend**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **August** day **19**  
year **1941** hour **9** minute **.30 A.M.**

21. I hereby certify that I attended the deceased from **August 1**, 19 **41** to **August 19**, 19 **41**  
that I last saw her alive on **August 18**, 19 **41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Hyperthyroidism, bronchial asthma**  
(Include pregnancy within 3 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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature **[Signature]** (M. D. or other) **M. D.**  
Address **Ironton, Missouri** Date signed **8-19-41**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

47  
0  
0

**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.....

*Arnold White*

Licensed Embalmer No.....

*3012*

P. O. Address.....

*San Antonio, Texas*

**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.**