

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39063

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 335

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:
320 East Saline
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 18 years _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Henry Clay Sands

3. (b) If veteran, name war World War 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Margaret E. Sands 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 4, 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 8 If less than one day hr. _____ min. _____

9. Birthplace Benton County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Mo. Pac. Shops

12. Name Rev. R.W. Sands
13. Birthplace Benton County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Matilda Yankee
15. Birthplace Benton County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Sands

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof Nov. 14, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Phane Ewing

(b) Address Sedalia, Missouri

19. (a) 11/14/41 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 320 East Saline
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1941 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from May 15
1938 to Nov 12 1941
that I last saw h. w alive on Nov 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis - ?
Duration _____

Due to _____

Due to _____

Other conditions None other
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no
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 no
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? no (Specify type of place) (e) Means of injury no

23. Signature Dr. B. Carlisle M. N. (M. D. or other)
Address Sedalia Mo Date signed 11-13-41

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

MOTHER FATHER

DEC 8 1941

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 *John E. Myers*
Licensed Embalmer No. *13220*
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, fact should be so stated above.