

Registration District No. **7911**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town.....  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**BARNES HOSPITAL U**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 DAYS**  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME **MONKSEY SANDBOER**

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 **WIDOW**  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **MARCH 11 1887**  
(Month) (Day) (Year)

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

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

10. Usual occupation **HOUSEWIFE**

11. Industry or business.....  
12. Name **O'KELLY**  
13. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)  
14. Maiden name **UNKNOWN**  
15. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Henry M. Garty**  
(b) Address **416 Benton Valley Park Mo.**  
17. (a) **Burial** (b) Date thereof **DEC. 22 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cemetery**  
18. (a) Signature of funeral director **Schroder Brob.**  
(b) Address **Ballerwin Missouri**  
19. (a) **DEC 20 1941** (b) **J. F. Bedeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **Valley Park**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **416a Benton Street**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **19**, 19**41**  
year **1941** hour **1** minute **30** P.**A.M.**

21. I hereby certify that I attended the deceased from  
**December 16** 19**41** to **December 19** 19**41**;  
that I last saw h. **alive** on **December 19** 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Congestive Heart Failure** Duration **1 yr**

Due to **Hypertensive Cardiovascular Disease**

Other conditions **Arteriosclerosis**  
(include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy **Arteriosclerosis, pleural effusion, cardiac hypertrophy**

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?

While at work?..... (Specify type of place) (e) Means of injury.....  
23. Signature **JR Bradley** (M. D. or other) **D**  
Address **BARNES HOSPITAL** Date signed.....

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

30  
17  
9

**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 *Howard T. Rowland*

Licensed Embalmer No. *3114*

P. O. Address *St. Louis 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.**