S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 16 1942

Registration District No. 398

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42060

Primary Registration District No. 3019

Registrar's No. 6

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 908 So. Osage st (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: 13 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Independence, (If outside city or town limits, write "RURAL")

(d) Street No.: 908 S. Osage St. (If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No) If yes, name country: 0

3. (a) PRINT FULL NAME: Frank R. Sadler

3. (b) If veteran, name war: ----------

3. (c) Social Security No.: 496-10-1999

4. Sex: Male

5. Color or race: Wht.

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Marie Sadler

6. (c) Age of husband or wife if alive: 26 years

7. Birth date of deceased: Dec. 18, 1911 (Month) (Day) (Year)

8. AGE: Years: 30 Months: 0 Days: 17 If less than one day ____ hr. ____ min.

9. Birthplace: Florida (City, town, or county) (State or foreign country)

10. Usual occupation: Checker

11. Industry or business: ____

FATHER

12. Name: Frank R. Sadler Sr.

13. Birthplace: England (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Amy Jean Nichols

15. Birthplace: Canada (City, town, or county) (State or foreign country)

16. (a) Informant: Marie Sadler

(b) Address: 908 S. Osage St. Indep. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 7, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Mound Grove Cem.

18. (a) Signature of funeral director: Cato & Speaks

(b) Address: Independence, Mo.

19. (a) Jan. 6 1942 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 1-4-42 day: ____ year: ____ hour: ____ minute: 1:30 A.M.

21. I hereby certify that I attended the deceased from ____, 19__ to ____, 19__ that I last saw him alive on ____, 19__ and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Edema

Due to: Hypertensive Myocarditis

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: ____ Of autopsy: ____

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: ____ (M. D. or other)

Address: ____ Date signed: ____

360 (Licensed Embalmer's Statement on Reverse Side)

JUL 26 1949

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Roland R. Speake

Licensed Embalmer No. 3604

P. O. Address Independence 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.