

FILED MAR 11 1942

Registration District No. 55

Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph *Missouri*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital *K*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether years, months or days)

In this community 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 620 North 5th. Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME Elma Caroline Sander

3. (b) If veteran, name war.

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18th.
year 1942 hour 1 minute 55 P. A. M.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased August 14 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May, 1933, to 2-18, 1942, that I last saw her alive on 2-18, 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>6</u>	<u>4</u>	_____ hr. _____ min.

Immediate cause of death Carcinoma of breast - left *(9 yrs)*
Adeno carcinoma of ovary *8 months*
Due to - bilateral

9. Birthplace Andrew County Missouri *(State or foreign country)*

10. Usual occupation Registered Nurse

11. Industry or business Public Health

Due to 50

Other condition Carcinomatous
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name August Sander

13. Birthplace Andrew County Missouri *(State or foreign country)*

14. Maiden name Minnie Bunse

15. Birthplace Unknown Germany *(State or foreign country)*

Major findings: ablation of breast - left 1933
Bilateral Salpingo-oophorectomy 7-14-41

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. P. E. Harr

(b) Address Cosby, Missouri

17. (a) Burial (b) Date thereof 2 - 20 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cosby Evangelical Cemetery

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? _____

18. (a) Signature of funeral director Halter Meierhoff

(b) Address 1302 Faraon St. St. Joseph, Missouri

19. (a) Feb 20, 1942 (b) J. D. Neelbush
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury 5

23. Signature S. C. Leroy M.D. (M. D. or other)

Address St. Joseph, Missouri Date signed 2-19-42

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

Oby Jester

Licensed Embalmer No..... 4154 Missouri

P. O. Address..... St. Joseph, Missouri

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.