

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23587

State File No. _____
Registrar's No. 2806

AUG 1 1942

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson
(a) County: Jackson
(b) City or town: Kansas City
(c) Name of hospital or institution: K.C. General Hospital No. 1
(d) Length of stay: In hospital or institution 1 Mo. & 11 days
In this community 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 5
(d) Street No.: 1832 Holly 8
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME: Ethel Sandifer
3. (b) If veteran, name war: NW
3. (c) Social Security No.: none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: July day: 22nd year: 1942 hour: 8 minute: 45 P. M.

4. Sex: Female
5. Color or race: wh
6. (a) Single, widowed, married, divorced: 2 divorced
6. (b) Name of husband or wife: Edward Sandifer
6. (c) Age of husband or wife if alive: 14 years
7. Birth date of deceased: Dec 14 (1897)

21. I hereby certify that I attended the deceased from 6-11-42 to 7-22-42
that I last saw her alive on 7-22-42 and that death occurred on the date and hour stated above.

8. AGE: Years: 44 Months: 7 Days: 8 If less than one day: hr. min.

Brain abscess with extensive encephalomalacia of the cerebellum

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

Duration
Immediate cause of death: Brain abscess with extensive encephalomalacia of the cerebellum
Other conditions: (Include pregnancy within 3 months of death)

10. Usual occupation: Wife
11. Industry or business: _____
12. Name: Williams James
13. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

PHYSICIAN
Major findings: Of operations: _____
Of autopsy: See above

14. Maiden name: Williams Alice
15. Birthplace: Missouri (City, town, or county) 9 (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

16. (a) Informant: Mrs Helen Stated
(b) Address: 2422 East 10
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 25 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cem

(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) Means of injury: _____

18. (a) Signature of funeral director: A. B. Schler
(b) Address: 1415 East 15 St
19. (a) 7-24-42 (b) Th. M. Brome (Date received local registrar) (Registrar's signature)

23. Signature: Drury P. Thome (M. D. or other)
Address: Med. Dir. K.C. Gen. Hospital Date signed: _____

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(Licensed Embalmer's Statement on Reverse Side)

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 A. Muser*
Licensed Embalmer No. *2646*
P.O. Address *1415 E 15*

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.