

S. No. 2
M-1-4-41
v. 5-17-39
X26390

29788

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 8 1942

Registration District No. 8

Primary Registration District No. 3006-5120

Registrar's No. 208

10
2-2

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

1. PLACE OF DEATH:

(a) County: Boone
(b) City or town: Columbia Mo. R.F. 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Cancer
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 28 days
(Specify whether years, months or days)
In this community: 25 years

3. (a) PRINT FULL NAME: BERTHA SANDIFER

3. (b) If veteran, name war: None
3. (c) Social Security No.: None

4. Sex: Female / race: White
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Leo
6. (c) Age of husband or wife if alive: 9 years
7. Birth date of deceased: 1 (Month) 9 (Day) 1898 (Year)

8. AGE: Years 44 Months 8 Days 16
If less than one day: _____ hr. _____ min.

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

10. Usual occupation: Housewife

MOTHER FATHER

11. Industry or business: _____
12. Name: David Roberts
13. Birthplace: Hannibury Mo. (City, town, or county) 0 (State or foreign country)
14. Maiden name: E. Leberth M.E. Glasson
15. Birthplace: Illinois (City, town, or county) _____ (State or foreign country)

16. (a) Informant: Leo Sandifer
(b) Address: R.F. 2 Columbia Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-27-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Olivet Cemetery

18. (a) Signature of funeral director: Parker Funeral Service
(b) Address: Columbia Mo.

19. (a) Sept 26 '42 (Date received local registrar) (b) E. Clara H. Barber (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Boone
(c) City or town: Columbia Mo. (If outside city or town limits, write "RURAL")
(d) Street No.: R.F. 2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 25
year 1942 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 9/1/42 to 9/25/42

that I last saw her alive on 9/25/42 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Cervix Duration: 6 M.

Due to: _____
Due to: 4 Ja

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: Septicemia
Of operations: _____
Of autopsy: Carcinoma of Cervix
Septicemia

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: _____

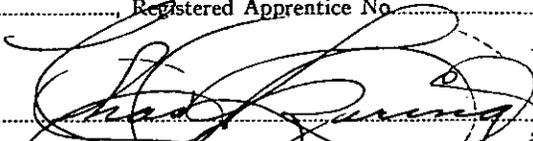
23. Signature: J. MacKinnon D. (M. D. or other) M.D.
Address: Cancer Hospital Columbia Mo. Date signed: 9/25/42

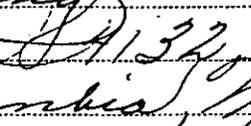
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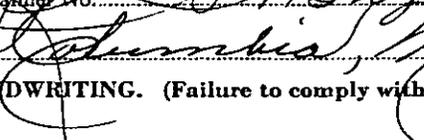
(Licensed Embalmer's Statement on Reverse Side)

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..... 

Licensed Embalmer No..... 

P. O. Address..... 

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.