

FILED NOV 13 1942
Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 280

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

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:
110 West Kansas 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 10 years
years, months or days)

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. 110 West Kansas
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George E. Sandridge

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married 1 divorced, married

6. (b) Name of husband or wife OKla Sandridge 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Oct. 4 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 26 If less than one day
hr. _____ min. _____

9. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Rooming House Manager

11. Industry or business _____

MOTHER FATHER { 12. Name Richard R. Sandridge

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

14. Maiden name Bessie Cowen

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

16. (a) Informant Mrs. George Sandridge

(b) Address 110 West Kansas

17. (a) Burial (b) Date thereof 10-2-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mayud Gorb Cem.

18. (a) Signature of funeral director George E. Carson

(b) Address Independence Mo

19. (a) 10-31-42 (b) James Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 30
year 42 hour 4: AM minute _____ M. _____

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

Immediate cause of death Acute Coronary thrombosis Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy see above 940

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 _____ (Specify type of place) (e) Means of injury _____

23. Signature James Ross (M.D. or other) _____

Address 1162 Date signed 10/31/42

Permit # 328

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

George C. Carruth

NOV 24 1942

Licensed Embalmer No.

2249

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.