

S. No. 2
M-5-43
7-5-17-39
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7352

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2

FILED MAR 24 1944
Registration District No. 24944

Primary Registration District No. 5564

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

1. PLACE OF DEATH:

(a) County IRON

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County IRON

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Leomie S. TANDALL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE 5. Color or face WHITE

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife FANNIE TANDALL

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

7. Birth date of deceased APR 6 25 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 9 7 hr. min.

9. Birthplace IRON COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation TIMBER

11. Industry or business _____

12. Name UNKNOWN

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant MR ERVIN TENDALL

(b) Address SABULRA Mo.

17. (a) BURIAL (b) Date thereof 2-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ROCKINGR CEM.

18. (a) Signature of funeral director Geo. P. Lanchel

(b) Address Clinton, Mo.

19. (a) 2-23-44 (b) Mac Donald Howard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 1
year 1944 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8 P.M. Feb 1
30 / Jan 31, 1944 to 12:30 A.M. Feb 1
1944
that I last saw him alive on Jan 31
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar
Pneumonia

Due to _____

Due to _____

Other conditions Bronchial asthma
(Include pregnancy within 3 months of death)
& mitral insufficiency

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature G. M. J. Patrick (M. D. or other) MD

Address Clinton Mo Date signed 2/24/44

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PREPARED BY

District Health Officer No. 4

District File Number 344-3460

Date Filed 3-6-44

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.....

Not Embalmed.

....., 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.