

S. No. 2
DM-8-43
17-39
I X37823

24582

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 3 1944

Registration District No. 108

Primary Registration District No. 5423

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Dunklin Rural

(b) City or town _____ Rural
(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) 1

(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 Dunklin

(c) City or town Rural 35
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Lucy Amy Sando

(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1944 hour 4 minute 2 A.M.

4. Sex 71 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Leo Sando 6. (c) Age of husband or wife 51 years

7. Birth date of deceased: 3-25-1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 28 1944, to July 28 1944
that I last saw her alive on July 28 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 47 Months 4 Days 3 If less than one day _____ hr. _____ min.

Immediate cause of death Myocarditis

Due to _____

Due to _____

9. Birthplace Dunklin Co. Mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 93 x 1

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Housewife

11. Industry or business _____

12. Name Clarence Hutchins

13. Birthplace Dunklin Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Yella Baker

15. Birthplace Dunklin Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Sando

(b) Address Senath, Mo

17. (a) None (b) Date thereof 7-29-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cade Cemetery

18. (a) Signature of funeral director Daniel Tamm

(b) Address Senath, Mo

19. (a) 7-31-1944 (b) H. O. Steery
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Robert E. Martin (Specify type of place) _____ (e) Means of injury 0
(M. D. or other) _____
Address Senath, Mo Date signed 7-31-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2051

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 Arthur D. McDaniel
Licensed Embalmer No. 2093
P. O. Address Levitt 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.