

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

Registration District No. 33

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3010

33914

State File No. _____

Registrar's No. 342

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau

(c) Name of hospital or institution: St. Francis Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days

In this community 13 years 4 days

(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mabel Elizabeth Sander

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife August Sander

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

7. Birth date of deceased February 3rd 1888

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	8	9	hr. min.

9. Birthplace Jackson Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Fred Dormeyer

13. Birthplace Cape Girardeau Missouri

(City, town, or county) (State or foreign country)

14. Maiden name Ella Hart

15. Birthplace Charleston Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant August Sander

(b) Address Frohna, Missouri.

17. (a) Burial (b) Date thereof 10-14-1944

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau, Missouri.

19. (a) 10-19-44 (b) F.H. Phelps

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Frohna, Missouri

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12th

year 1944 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from 10-3-44 to 10-12-44

that I last saw him PP alive on 10-12-44 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Cholelithiasis (operation for)

Due to _____

Due to _____

Other conditions Chronic basis of liver

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 24h!

Of operations _____

Of autopsy _____

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature W.D. Phelps (M. D. or other)

Address Cape Girardeau, Mo Date signed 10/17/44

RECEIVED

District Health Officer No. 4
District File Number 1144-4547
Date Filed 11-7-44

JUL 18 1953

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..... *Howard P. Haman*
Licensed Embalmer No. 4122
P. O. Address Cape Girardeau, Missouri

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.