

FILED APR 30 1946

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Cape
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Missouri Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 33 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. # 1, Parma, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1946 hour 10 minute 20 P. M.
21. I hereby certify that I attended the deceased from med
16, 1946, to 24, 1946
that I last saw him alive on med of and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Sarah Jane Sanders
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

Immediate cause of death
Carcinomas of Stomach

4. Sex Female / 5. Color or race white / 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frank Sanders 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased February 7, 1867
(Month) (Day) (Year)

Due to _____

8. AGE: Years 79 Months 1 Days 19 If less than one day hr. _____ min. _____

Due to Metastatic Carcinoma of Stomach

9. Birthplace Jackson County Kentucky
(City, town, or county) (State or foreign country)

Other conditions Metastatic Carcinoma of Stomach
(Include pregnancy within 3 months of death)

10. Usual occupation House-wife

PHYSICIAN

11. Industry or business _____

Major findings: Carcinomas of stomach
Of operations metastases in livers & glands
Of autopsy _____
Underline the cause to which death should be charged statistically.

12. Name Tandy Kidd

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

14. Maiden name Betty Creech

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

16. (a) Informant Frank Sanders

(b) Address R. F. D. # 1, Parma, Mo.

17. (a) Burial (b) Date thereof Mar. 31, '46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taylor Cemetery

18. (a) Signature of funeral director Strickland-Rainey

(b) Address Dexter, Mo.

19. (a) 4-5-1946 (b) C. C. Summers
(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? _____

While at work? (Specify type of place) (e) Means of Injury _____

23. Signature Carl A. Summers (M. D. or other)

Address Cape Girardeau Date signed Apr. 7/46

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

7003

6

44

RECEIVED

Health Officer No. 4
File Number 446-1901
Date Filed 4-8-46

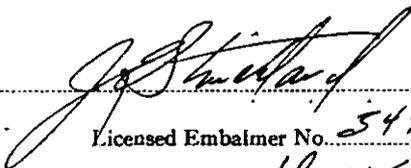
APR 10 1946

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. 5479

P. O. Address Wetter, 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.