

**FILED JUN 10 1946**

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 551

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution St. Joseph # 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo. 24 da  
(Specify whether years, months or days)

In this community 2 mo. 24 da

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clinton 11

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

(d) Street No. R.F.W.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bernice Sankler

(b) If veteran, name war none

(c) Social Security No. none

4. Sex F 1

5. Color or race N

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

6. (b) Name of husband or wife George Sankler

6. (c) Age of husband or wife if alive at stated years alived stated years

7. Birth date of deceased Nov 73 1827  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>6</u>	<u>20</u>	hr. min.

9. Birthplace Mo. --- Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Henry Bass

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

14. Maiden name Charlotte French

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

16. (a) Informant Glenn Sankler

(b) Address Cameron Mo

17. (a) Burial (b) Date thereof May 15 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Mo.

18. (a) Signature of funeral director Palant Funeral Home

(b) Address Cameron Mo

19. (a) May 15, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1946 hour 1:00 minute 0 M.

21. I hereby certify that I attended the deceased from May 8 1946 to May 13 1946  
that I last saw h. aw alive on May 13 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 56  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 107

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) (e) Means of injury \_\_\_\_\_

23. Signature L. S. Sankler (M. D. or other) \_\_\_\_\_  
Address State St # 2 St Joseph Date signed 5/15/46

OCT 27 1952

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>will be</sup> ~~was~~ embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*[Handwritten Signature]*

Licensed Embalmer No. 3960

P. O. Address.....

*Meyersville Pa*

**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.**