

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22796**
860
Registrar's No.

FILED AUG 1 1946
Registration District No. **42**

Primary Registration District No. **1000**

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's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2710 Mitchell Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edwin W. Sanborn

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie S. Sanborn
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased April 3, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 3 26 hr. min.

9. Birthplace New Hampshire
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Resturant

12. Name Unknown Sanborn

13. Birthplace Unknown New Hampshire
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Cass

15. Birthplace Unknown New Hampshire
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. W. Sanborn

(b) Address St. Joseph, Mo.

17. (a) Removal (b) Date thereof AUGUST 1-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ottumwa, Iowa

18. (a) Signature of funeral director Heater Be Sale - Bowman

(b) Address St. Joseph, Mo.

19. (a) July 31, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1946 hour 9 minute _____ P. M.

21. I hereby certify that I attended the deceased from 7-28-46 to 7-29-46
that I last saw her alive on 7-29-46
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma (Intestinal)
(Dietary)
Due to Intestinal Obstruction 3 days
Hard Coronary about 1/2
Due to obstruction 5 hours
Intestinal about 10 yrs
Other conditions ventral hernia
(Include pregnancy within 3 months of death)

Duration
3 days
about 1/2
5 hours
about 10 yrs

Major findings: Intestinal obstruction
Of operations Intestinal obstruction
Carcinoma Intestinal
Of autopsy Not made

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 0

23. Signature Floyd H. Spencer
Address St. Joseph, Mo. Date signed 7-30-46

AUG 2 1966

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, ~~_____~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Raymond H. Morehead*

Licensed Embalmer No. *4413*

P. O. Address *319 So 10th St Joseph, 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.