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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29634

FILED OCT 7 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1116

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: Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)

In this community 4 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Andrew 2

(c) City or town: Rural #1 Cosby 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Rural #1 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: Alice Clara Sander

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: William Sander

6. (c) Age of husband or wife if alive: 61 years

7. Birth date of deceased: September (Month) 18 (Day) 1885 (Year)

8. AGE: Years 61 | Months 0 | Days 9 | If less than one day ___ hr. ___ min.

9. Birthplace: Andrew County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

MOTHER FATHER

12. Name: Henry F. Schindler

13. Birthplace: Buchanan County (City, town, or county) Missouri 0 (State or foreign country)

14. Maiden name: Catherine Eiman

15. Birthplace: Unknown (City, town, or county) Switzerland 5 (State or foreign country)

16. (a) Informant: William Sander

(b) Address: C/O Rural #1, Cosby, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/1/ 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Evangelical Cemetery

18. (a) Signature of funeral director: Hatton Meierhoffer

(b) Address: 1302 Faraon, St. Joseph, Missouri.

19. (a) Oct. 4, 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27th. year 1946 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from 7-27, 1946, to 9-27, 1946, that I last saw her alive on 9-27, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinomatosis (plasma)	2 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

47E

Major findings:
Of operations: None
Of autopsy: As above (plasma)

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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: Harold J. Brunn (M. D. ~~or other~~)

Address: St Joseph Mo, Mo. Date signed: 9.30.46

(Licensed Embalmer's Statement on Reverse Side)

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. Albert R. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.