. No. 2
1—2-43
-17-39
X35697

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

8899

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1018

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 2-14-48 (Specify whether
In this community as above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 24
(c) City or town Boonville, 1
(If outside city or town limits, write "RURAL")
(d) Street No. x 2
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 1
If yes, name country x

3. (a) PRINT FULL NAME Martha Ellen Sanders

3. (b) If veteran, name war no. 1
3. (c) Social Security No. no. 2

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Henry F. Sanders
6. (c) Age of husband or wife if alive years

7. Birth date of deceased September (Month) 16 (Day) 1871 (Year)

8. AGE: Years 76 ~~75~~ Months 5 Days ~~16~~ 15 If less than one day hr. min.

9. Birthplace FT. SCOTT (City, town, or county) KANSAS (State or foreign country) 1

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name HARRY McGOWAN 4
13. Birthplace SCOTLAND (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name SARA DOYLE
15. Birthplace CANADA 2 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. W. Mock,
(b) Address 1429 Summit, Kansas City, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 3-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Boonville, Missouri.

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-4-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1948 hour 7:55 minute P M.

21. I hereby certify that I attended the deceased from 1-31- 1948, to 3-1- 1948, that I last saw her alive on 3-1- 1948 and that death occurred on the date and hour stated above.

Immediate cause of death diabetic imbalance following surgery probable hypostatic pneumonia c̄ pleural effusion

Due to Diabetic Gangrene of left leg. or (14 days)

Due to Diabetes mellitus years

Other conditions (Include pregnancy within 3 months of death) 61

Major findings:
Of operations as above
amputation of left leg
Of autopsy see above

Duration: 3-4 Days; 2-14-48 (14 days)

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 Thos. C. McHale M.D. (M. D. or other)
Address 4620 Indep Ave Date signed 3-3-48

(Licensed Embalmer's Statement on Reverse Side)

MAR 24 1948

MAR 22 1948

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 J. Clair Sheppard

Licensed Embalmer No. 14129

P. O. Address 15 e 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.