

Registration District No. 3-003 27 Primary Registration District No. 2-7 14035

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 18 months

3. (a) PRINT FULL NAME Thomas Moroni Sandage

3. (b) If veteran, name war none

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 Elythe Vesta Sandage

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased October 1 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>6</u>	<u>22</u>	— hr. — min.

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

10. Usual occupation merchant

11. Industry or business General Merchandise

12. Name Emmanuel Sandage

13. Birthplace do not know
(City, town, or county) (State or foreign country)

14. Maiden name Elna Mashie

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

16. (a) Informant Elythe Sandage

(b) Address Rockville Mo

17. (a) Burial (b) Date thereof April 25, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Lewis & Son

(b) Address Schree City Mo.

19. (a) 4-27-48 (b) Richard Perry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1948 hour 12 minute 15A M.

21. I hereby certify that I attended the deceased from 12 Sept
1948 to 23 April 1948
that I last saw him alive on 11 April 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic ~~Myeloid~~ Lymphatic Leukemia

Duration 24 MO+

Due to _____

Due to _____

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

Major findings: Of operations None

Of autopsy _____

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) (e) Means of injury 0

23. Signature Ray W. Searey (M. D. or other) MD

Address Meranda Mo Date signed 27 April 1948

RECEIVED

District Health Officer No. 7,

District File Number 4-48-497

Date Filed 5-12-48

JUN 4 1959

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.....

Marion M. Lewis

Licensed Embalmer No. 3084

P. O. Address..... *Schell City, 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.