

35479

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 73Primary Registration District No. 3006Registrar's No. 214

1. PLACE OF DEATH:

(a) County Boone NOV 20 1939
 (b) City or town Columbia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
308 So. Williams
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days) 53

8. (a) PRINT FULL NAME WALTER A. SANDEFUR8. (b) If veteran,
name war _____

8. (c) Social Security

No. 500-07-0616

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
divorced married
 6. (b) Name of husband or wife Ida Mae Sandefur 6. (c) Age of husband or wife if
alive 56 years
 7. Birth date of deceased 12 29 1878
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>9</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Shelbyville, Ind.
(City, town, or county) (State or foreign country)10. Usual occupation Contractor

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Harvey Sandefur
 13. Birthplace Shelbyville, Ind.
 (City, town, or county) (State or foreign country)
 14. Maiden name Evelyn Thurston
 15. Birthplace Shelbyville, Ind.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. Sandefur
 (b) Address Columbia, Mo
 17. (a) Burial (b) Date thereof 10-26-1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Barbara
 (b) Address Columbia, Mo.
 19. (a) 10/25/39 (b) Allie Selby
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Boone
 (c) City or town Columbia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 308 So Williams
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
 year 1939 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on October 23, 1939,
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris.
 Due to Chronic Myocarditis.

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death) None

Major findings:
 Of operations _____
 Of autopsy _____

Duration

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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 Robert D. Simpson (M. D. or other) M.D.
 Address Columbia Mo. Date signed 10/25/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 W. H. Sandewenter
Licensed Embalmer No. 2494
P. O. Address Columbia, 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, above space should be left blank.