V. S. No. 2
50M—11-10-39
Rev. 5-17-39
I X21492

FILED APR 18 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10016

Registration District No. 2 Primary Registration District No. 5002 Registrar's No. 50

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

1. PLACE OF DEATH:

(a) County Adair Fifteenth

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

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Eva May Sandstrom

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Claud Sandstrom

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased 4 (Month) 6 (Day) 1888 (Year)

8. AGE: Years 51 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Novinger (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Home

11. Industry or business domestic home

FATHER
12. Name George Stone
13. Birthplace Adair (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Holt
15. Birthplace Adair (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Claud Sandstrom
(b) Address Novinger Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Lutz Cemetery

18. (a) Signature of funeral director Dee Riley
(b) Address Kirksville Mo.

19. (a) 3-9-40 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 28 day
year 1940 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from July 1935, 19 to Feb 28, 1940
that I last saw her alive on Feb 14, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Valvular Heart disease	5 yrs 0
Due to	
Due to	
Other conditions: Influenza (Include pregnancy within 3 months of death)	Feb 14 1940

Major findings:
Of operations ✓
Of autopsy no

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)
3 While at work? (e) Means of injury

23. Signature H. T. Garrison M.D. (M. D. or other) 1
Address Novinger Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-40-873
Date Filed APR 16 1940

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.