

FILED JAN 10 1949

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42858

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

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

1. PLACE OF DEATH: Jasper  
 (a) County Jasper  
 (b) City or town Joplin  
 (c) Name of hospital or institution: Freeman Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution few minutes  
 (Specify whether years, months or days) 23 years

3. (a) PRINT FULL NAME Sarah E. Tando.  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. no

4. Sex female  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Jesse E. Tando.  
 6. (c) Age of husband or wife if alive 57 years  
 7. Birth date of deceased May 6, 1885  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	7	15	hr. min.

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

10. Usual occupation housewife

11. Industry or business H. M. E.

12. Name Joseph Blankenship

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

14. Maiden name Louise Hogan.  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Jesse E. Tando

(b) Address 704 N. Harlem, Joplin MO:

17. (a) BURIAL (b) Date thereof 12-23-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Hurlbut Und. Co;  
 (b) Address Joplin Missouri.

19. (a) 12-21-40 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jasper  
 (c) City or town Joplin Missouri.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 704 N. Harlem.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Dec. 20, 1940  
 year 10-30 A.M. hour minute M.

21. I hereby certify that I attended the deceased from  
 did not see him alive, 19... to 19...  
 that I last saw him alive on 19...  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
 Coronary occlusion 1/2 hr  
 Due to Coronary sclerosis 10:30

Due to Obesity

Other conditions  
 (Include pregnancy within 3 months of death) 94/2

Major findings:  
 Of operations  
 Of autopsy

Duration  
 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?  
 372 (Specify type of place) While at work (e) Means of injury coroner

23. Signature P. A. Webster (M. D. or other)  
 Address Carthage MO Date signed 12-20-40

**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 *Sam E. Seneaney Jr*

Licensed Embalmer No. *40998*

P. O. Address *Joplin 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.**