

2
3-40
-39
X23159

Registration District No. _____

Primary Registration District No. **6101**

Registrar's No. **12**

FILED JUL 22 1941
39

1. PLACE OF DEATH: **Stoddard**
 (a) County: **Stoddard**
 (b) City or town: **Rural - Richmond**
 (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 _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME: **Elizabeth Sandage**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex: **Female** 5. Color: **White** 6. (a) Single, widowed, married, divorced: **Single**
 6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: **May 28 1941**
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. **39** min.

9. Birthplace: **Stoddard Mo** (City, town, or county) **Mo.** (State or foreign country)

10. Usual occupation: **None**

11. Industry or business _____
 12. Name: **Guy Sandage**
 13. Birthplace: **Richmond Mo** (City, town, or county) _____ (State or foreign country)
 14. Maiden name: **Miss Robinson**
 15. Birthplace: **Richmond Mo** (City, town, or county) _____ (State or foreign country)

16. (a) Informant: **Guy Sandage**
 (b) Address: **1212 1/2 St, Richmond, Mo**

17. (a) **Burial** (b) Date thereof: **May 29 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Richmond**

18. (a) Signature of funeral director: **Blountfield Co**
 (b) Address: **Blountfield Co, Mo**

19. (a) **7-1-41** (b) **J.P. Brandon**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: **Mo** (b) County: **Stoddard**
 (c) City or town: **Rural** (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **28** year **1941** hour **11** minute _____ P. M.

21. I hereby certify that I attended the deceased from **May 28**, 19**41** to **May 28**, 19**41**; that I last saw **her** alive on **May 28**, 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death: **Breech presentation**
Affluent lobes
Unknown

Due to: _____

Due to: _____

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

Major findings: _____
 Of operations: _____
 Of autopsy: **Mo.**

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? **754**
 _____ (Specify type of place) _____
 While at work? _____ (e) Means of injury _____

23. Signature: **Robert W. Wilson** (M. D. or other) _____
 Address: **Blountfield, Mo** Date signed: **5/29/41**

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

RECEIVED

District Health Officer No. 2

District File Number 74-982

Date Filed 7/19/41

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.