DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32673

Registration District No. 7916 Primary Registration District No. 6039 Registrar's No. 146

1. PLACE OF DEATH:

(a) County: Saline

(b) City or town: Marshall "Rural"
(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)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Saline 97

(c) City or town: Marshall "Rural" 0
(If outside city or town limits write "RURAL")

(d) Street No. ____ (If rural, give location) 0

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

3. (a) PRINT FULL NAME: HARDIN TILDON SANDIDGE

3. (b) If veteran, name war: ____

3. (c) Social Security No.: ____

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Minnie Estella (Thomas) Sandidge

6. (c) Age of husband or wife if alive: 55 years

7. Birth date of deceased: Oct - 14 - 1877 (Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace: Saline Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: ____

MOTHER FATHER

12. Name: Charles Sandidge

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

14. Maiden name: Jane Hardin

15. Birthplace: Howard Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Mrs Minnie Thomas Sandidge

(b) Address: Marshall Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 26-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Ridge Park Cem. Marshall Mo

18. (a) Signature of funeral director: Harry Hershberger

(b) Address: Marshall Mo

19. (a) 9-26-41 (Date received local registrar) (b) Mary Kent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 year 1941 hour 5 minute 55 P M.

21. I hereby certify that I attended the deceased from Sept 7, 1941 to Sept 24, 1941 that I last saw him alive on Sept 23, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	3 days
Due to: Cardio Renal.	5 yrs
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): No

(b) Date of occurrence: None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? ____ (e) Means of injury: 0

23. Signature: Ross Kennedy (M. D. or other)

Address: Marshall Mo Date signed 9/27/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 10-14-41

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 Fred Wilkerson

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.

No. 2B
8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32673

Registration District No. 796 Primary Registration District No. 6039 Registrar's No.

1. PLACE OF DEATH:
(a) County Sadine
(b) City or town Marshall Rural
(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)
In this community Life

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

3. (a) PRINT FULL NAME Hardin T. Sandidge
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 14 1877 (Month) (Day) (Year)
8. AGE: Years 63 Months 11 Days 19 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 24 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death Pouchual Pneumonia
Due to Cardiorenal
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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
23. Signature Robt McCormick (M. D. or other)
Address Marshall Date signed 11-17-41

SUPPLEMENTARY