

No. 2
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **7283**
Registrar's No. **54**

FILED MAR 11 1942

Registration District No. **547**

Primary Registration District No. **3029**

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
ST. ELIZABETH HOSPITAL
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Marion

(c) City or town 422 Washington
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sabira M. SARDIS

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 Widowed

6. (b) Name of husband or wife Richard 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 86 - - - - - hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Unknown

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

14. Maiden name.....

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

16. (a) Informant Mary Asden

(b) Address Sheridan Rd. Evansdale, Ia

17. (a) Burial (b) Date thereof Feb 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cens

18. (a) Signature of funeral director James Calanese

(b) Address Hannibal, Mo

19. (a) 2-26-42 (b) H. C. Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1942 hour..... minute 7 P.M.

21. I hereby certify that I attended the deceased from Feb. 9, 1942
19..... to Feb. 14, 1942 19.....
that I last saw her alive on Feb. 14, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute respiratory infection
Duration 6 da

Due to Cardio-vascular Renal disease
Duration ?

Due to.....
Duration.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1/3/1a

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).....

(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)

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

23. Signature [Signature] (M. D. official)

Address Hannibal, Mo. Date signed 2-26-42

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 *Michael J. Jones*

Licensed Embalmer No. *3246*

P. O. Address *Annabel 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.