S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24017

Registration District No. 24 & 2 — Primary Registration District No. 51-79-3 1900 7 — Registrar's No. 31

16
2
1

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Jackson Twp. (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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cape Girardeau 16
(c) City or town: Jackson (If outside city or town limits, write "RURAL") 2 1
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) If yes, name country: 0

3. (a) PRINT FULL NAME: Hannah Sander
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: F 1
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband ~~or wife~~: John H Sander
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: March (Month) 6 (Day) 1874 (Year)

8. AGE: Years 68 | Months 4 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace: Cape Girardeau (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House wife
11. Industry or business .....
12. Name (Father): Fredrick Deneke
13. Birthplace (Father): German 44 (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Louise Ahrens
15. Birthplace (Mother): Cape Girardeau (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant: John H Sander
(b) Address: Jackson Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 23 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Russell Heights
18. (a) Signature of funeral director: Mackie-Wilson-Howard
(b) Address: Jackson Mo
19. (a) 7/23 1942 (Date received local registrar) (b) J H C Kustner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1942 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 5, 1942, to July 21, 1942 that I last saw her alive on July 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Sclerosis — Duration: Unknown
Due to .....
Due to .....
Other conditions: Parcelysis — 2 mo
(Include pregnancy within 3 months of death)
Major findings: Of operations: 97
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: D D Neubauer (M. D. ~~or other~~)
Address: Jackson Mo Date signed 7-21-42

1116 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 842-1058

Date Filed 8-13-42

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 Glenn Wilson

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, fact should be so stated above.