

S. No. 2
1-14-41
5-17-39
PI X26390

30044

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 9 1942

Registration District No. 56

Primary Registration District No. 5202

Registrar's No. 126

17
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution:
2 Miles south of wakenda Mo!
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Most of his life. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

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

(d) Street No. 2 miles south of wakenda Mo.
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Charles Henry Sanstra

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lena Hill Sanstra

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased February 2 1863
(Month) (Day) (Year)

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

79	7	I	hr. min.
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9. Birthplace Elkhart Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Sanstra.

13. Birthplace Holland 4
(City, town, or county) (State or foreign country)

14. Maiden name Ann Defreese

15. Birthplace Holland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Full McCombs

(b) Address Wakenda Mo

17. (a) Burial (b) Date thereof Sept. 6 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove cemetery

18. (a) Signature of funeral director Willis Marshall

(b) Address Carrollton Mo.

19. (a) Sept 6 1942 (b) Foster Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3
year 1942 hour 9 minute 55 PM.

21. I hereby certify that I attended the deceased from 7-17, 1942 to 9-3, 1942
that I last saw him alive on 8-13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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)

23. Signature William G. Atwood (M. D. or other) 0

Address Carrollton, Mo Date signed 9/6/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

X601

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-8-42.....

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 myself

..... Registered Apprentice No.....

working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.