S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2456

Registration District No. 146 — Primary Registration District No. 5568 — Registrar's No. 30

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence RR 3 "Rural" (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ~~Home~~ 2 Mi. E. of Indep. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ... (Specify whether
In this community ~~4~~ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Leeton (If outside city or town limits, write "RURAL")
(d) Street No. Leeton RR 2 (If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Mrs Emma C Sandridge
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 Married
6. (b) Name of husband or wife George Sandridge
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Jan (Month) 8 (Day) 1873 (Year)

8. AGE: Years 72 | Months | Days 22 | If less than one day ... hr. ... min.

9. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name August Nicolio
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Maggie Nagle
15. Birthplace Switzerland (City, town, or county) (State or foreign country)
16. (a) Informant Mrs W. A. McCue
(b) Address Fraudson Road RR 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington Cemetery
18. (a) Signature of funeral director Ott E Mikhell
(b) Address 310 N. Main St Indepen
19. (a) 2-2-1945 (Date received local registrar) (b) James W Ross, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1945 hour 10 minute 15 P M.
21. I hereby certify that I attended the deceased from Aug. 1944 to Jan 30 1945; that I last saw her alive on Jan 30 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Dilatation	
Due to Hypertension	10 yrs
Due to Chronic Glomerular Nephritis	10 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 Fred J Zammar (M.D. or other) DO
Address Independence Mo. Date signed 2-1-45

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(Licensed Embalmer's Statement on Reverse Side)

APR 9 1945

APR 25 1945

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.