S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24450

FILED JUL 16 1945

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 73

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Samantan O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 das (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Macon 61
(c) City or town Macon 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Peter Sandner
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 17 1861 (Month) (Day) (Year)
8. AGE: Years 83 Months 7 Days 24 If less than one day hr. min.
9. Birthplace (City, town, or county) Penn (State or foreign country)
10. Usual occupation Gardener
11. Industry or business
FATHER
12. Name Frederick Sandner
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Margaret Lutz
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs John Sandner
(b) Address Macon Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 13 45 (Month) (Day) (Year)
(c) Place: burial or cremation St Mary's Cem
18. (a) Signature of funeral director Albert Skinner
(b) Address Macon Mo
19. (a) 7/3/45 (Date received local registrar) (b) Nora B Hunkler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 1 day 11 year 1945 hour 10 minute a M.
21. I hereby certify that I attended the deceased from 5-27-1945, 19, to 6-11, 1945 that I last saw him alive on 6-11, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	14 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 940	
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 0
23. Signature P P Gronower (M. D. or other)
Address Macon Mo Date signed 7-3-45

1037 (Licensed Embalmer's Statement on Reverse Side)

JUL 19 1945

RECEIVED
District Health Officer No. 10
District File Number 7-45-1100
Date Filed JUL 13 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Albert Skinner

Licensed Embalmer No. 751

P. O. Address Macon 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.