

FILED AUG 30 1946

State File No. _____

Registration District No. 273

Primary Registration District No. 5918

Registrar's No. 55

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Rural Salem
(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 76-8-12 (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Fannie E. Sandlin
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13 year 1946 hour 7 minute 30 P.
21. I hereby certify that I attended the deceased from 1943 to 7/13/46 that I last saw h. CK alive on 7-1-46 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edward Sandlin 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased November, 1869
(Month) (Day) (Year)

Immediate cause of death CARDIAC FAILURE

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>8</u>	<u>12</u>	hr. _____ min. _____

Due to POST PARALYSIS swallow ARTERIOSCLEROSIS 4 1/2

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation House Wife
11. Industry or business _____
MOTHER FATHER { 12. Name Levi Polson
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Yarber
15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Edward Sandlin
(b) Address Crosstown Mo.
17. (a) Burial (b) Date thereof 7-15-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Crosstown Mo.
18. (a) Signature of funeral director Young Sons
(b) Address Perryville Mo.
19. (a) 7-15-46 (b) Jose J. Zellmer
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 2
23. Signature Chl. Weidman (M. D. or other) Dr.
Address Perryville Mo. Date signed 7/15/46

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

9
0
0

26775

256

RECEIVED

Health Officer No. 4
File Number 846-2536
Date Filed 8-29-46

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.....
Licensed Embalmer No. 2138
P. O. Address Perryville 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.