

1. No. 2  
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-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 25 1947

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8196

State File No. ....

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 9K

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

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

(c) Name of hospital or institution: ST. FRANCIS HOSPITAL CAPE GIRARDEAU MO  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital inclusion LIFE (Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry

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

(d) Street No. 618 Grand Ave  
(If rural, give location)

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

3. (a) PRINT FULL NAME SANDLIN

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased: MARCH 19 1947  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>5 hr. 20 min.</u>

9. Birthplace CAPE GIRARDEAU MO  
(City, town, or county) (State or foreign country)

10. Usual occupation —

11. Industry or business —

MOTHER FATHER

12. Name HOWARD G SANDLIN

13. Birthplace PERRY COUNTY MO  
(City, town, or county) (State or foreign country)

14. Maiden name AUDREY FREDIA

15. Birthplace PERRY COUNTY, MO  
(City, town, or county) (State or foreign country)

16. (a) Informant HOWARD G SANDLIN

(b) Address 618 GRAND AVE, PERRYVILLE, MO

17. (a) BURIAL (b) Date thereof MARCH 19 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROSS TOWN, MO. BAPTIST CEM.

18. (a) Signature of funeral director Albert Bey

(b) Address PERRYVILLE MO

19. (a) 3-21-1947 (b) G. C. Sumner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 18  
year 1947 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from — 19 — to — 19 — ;  
that I last saw him — alive on — 19 — ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Placenta Previa  
Prematurity  
Due to At 2 1/2 hrs.

Duration 6 1/2 - 7 Mo.

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

Major findings: 59  
Of operations —

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? —

While at work? — (Specify type of place) (b) Means of injury —

23. Signature A. B. Elrod (If, D, or other) 0  
Address Cape Girardeau Date signed 3-19-47

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

44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4  
District File Number 347-406  
Date Filed 3-24-47

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 *Ray J. Schindler*  
Licensed Embalmer No. 4175  
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.