

FILED OCT 12 1948

Registration District No. 8

Primary Registration District No. 4021

Registrar's No. 16

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

1. PLACE OF DEATH:
Audrain
(a) County
(b) City or town: Laddonia
(If outside city or town limits, write "RURAL" and name of township)
(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 For the day (Specify whether years, months or days)

3: (a) PRINT FULL NAME: GEORGE JOSEPH SANDBOTHE
(b) If veteran name war: - - (c) Social Security No. 486-30-7149

4. Sex: male 0 5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Pauline Sandbothe
6. (c) Age of husband or wife if alive: 41 years
7. Birth date of deceased: Sept. 29 1899 (Month) (Day) (Year)

8. AGE: Years 49 Months 0 Days 6 If less than one day hr. min.

9. Birthplace: Martinsburg, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Grain Elevator Operator milling

11. Industry or business: Joseph Sandbothe

12. Name: Koeltztown, Missouri (City, town, or county) (State or foreign country)

13. Birthplace: Freeburg, Missouri (City, town, or county) (State or foreign country)

14. Maiden name: Mary (City, town, or county) (State or foreign country)

15. Birthplace: Freeburg, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. George Sandbothe (b) Address: Martingsburg, Missouri

17. (a) Burial (b) Date thereof: 10, 8, 48 (City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation: Martinsburg, Mo
18. (a) Signature of funeral director: J. B. Hullett (b) Address: Hullett Mo
19. (a) 10-7-48 (b) Martha Keay (Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. 5 day 5 year 1948 hour 7:15 minute P M.

21. I hereby certify that I attended the deceased from Coroners East that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death: Died dead at work in the Hilder & Taylor's Elevator in Laddonia, Mo. Due to: Probably heart attack. No injury, no evidence of violence. Dues: one full pay.

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

Major findings: Of operations: none Of autopsy: none

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? Yes (Specify type of place) (c) Means of injury: none
23. Signature: S. C. Adams (M. D. or other) Coroners
Address: Mexico, Mo. Date signed: 10-6-48

RECEIVED

District Health Officer No. 10

District File Number 10-48-17

Date Filed OCT 11 1948

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 Self

, Registered Apprentice No. _____

working under my personal supervision.

Signed F. B. Kello

Licensed Embalmer No. 1588

P. O. Address Kelloville, 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.