

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6216

State File No.

Registrar's No. 5

FILED MAR 3 1942
Registration District No. 126

Primary Registration District No. 5174

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

1. PLACE OF DEATH:

(a) County. Cape Girardeau

(b) City or town. Gordonville *Hutcheson Twp*

(c) Name of hospital or institution: Albert street

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 57 years (Specify whether years, months or days)

In this community. 57 years

3. (a) PRINT FULL NAME. Mary M. Sander

3. (b) If veteran, name war. -

3. (c) Social Security No. MO 70 C

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife. Wm G. Sander

6. (c) Age of husband or wife if alive. 27 years

7. Birth date of deceased. Oct. 27 1861

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>3</u>	<u>4</u>	hr. min.

9. Birthplace Freidheim Mo. U

(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

MOTHER FATHER

12. Name George Kester

13. Birthplace Don't know

(City, town, or county) (State or foreign country)

14. Maiden name Helene Berkbigler

15. Birthplace Don't know

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J L Lonberg

(b) Address Gordonville, Mo.

17. (a) Burial (b) Date thereof 2-2-42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gordonville Lutheran Cemetery

18. (a) Signature of funeral director. Mrs J L Lonberg

(b) Address Cape Girardeau, Mo.

19. (a) 2-2-42 (b) U.H. Macke

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Cape Girardeau

(c) City or town. Gordonville

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

(d) Street No. Albert Street

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31

year 1942 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from Feb. 1-1941

Jan. 31, 1942, to _____, 19____;

that I last saw her alive on Jan. 30, 1942

and that death occurred on the date and hour stated above.

Immediate cause of death. Diabetes Mellitus

Duration 2 yrs.

Due to _____

Due to _____

Other conditions Nephritis (chronic)

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 61

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) (e) Means of injury U

23. Signature H. W. Ford (M. D. or other) U

Address Gordonville, Mo. Date signed 2/9/42

ED

District Health Officer No. 4
District File Number 242-234
Date Filed 2-11-48

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 C. J. Lorberg
Licensed Embalmer No. 3810
P. O. Address Cape Girardeau, 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.