

AUG 13 1946

CERTIFICATE OF DEATH

13947

1. PLACE OF DEATH:

(a) County Duplin

(b) Township Limestone  
(If in town limits, leave blank)

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

(d) Street, hospital or institution \_\_\_\_\_

(e) Length of stay in hospital or institution 70  
(Yrs., mos., or days)

in this community \_\_\_\_\_  
(Yrs., mos., or days)

Registration Dist. No. 31-66 Certificate No. 11

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State N. C. (b) County Duplin

(c) City or town Beaufortville N.C.

(d) Street or R.F.D. \_\_\_\_\_

(e) Is place of residence in corporate limits? yes

(f) If foreign born, how long in U.S.A.? \_\_\_\_\_ years.

(a) FULL NAME Robert Jackson Sandlin

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

3. SEX Male 4. Color or Race white 5(a) Single, married, widowed, or divorced Single

5(b) Name of husband or wife \_\_\_\_\_

(c) Age of husband or wife if alive \_\_\_\_\_ years.

6. Date of death July 8 1946  
(month, day and year)

7. AGE: Years 62 Months 11 Days 14 If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

8. Birthplace Duplin County  
(City, town, or county) (State or foreign country)

9. Usual occupation Real Estate

10. Industry or business \_\_\_\_\_

11. Name M. M. Sandlin

12. Birthplace Duplin County

13. Maiden Name Dyan Dyan

14. Birthplace Duplin County

15. Birthplace \_\_\_\_\_

16(a) Informant's Signature M. M. Sandlin

(b) Address Dunn N.C.

17(a) Funeral (b) Date thereof 6/23/46  
(Funeral, cremation, or removal) (month, day, year)

(c) Cemetery Hallsville

(d) Location Beaufortville N.C.

18(a) Funeral director Quinn Funeral Home

(b) Address Dunn N.C.

19(a) 8-10 (b) H. J. Jones (c) J. J. Jones  
Filed Registrar

134 MEDICAL CERTIFICATION 061

20. Date of death 6/22/46 at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-22-46 to \_\_\_\_\_ to \_\_\_\_\_ and that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ to \_\_\_\_\_

Immediate cause of death \_\_\_\_\_

Coronary Occlusion

Due to Diabetes Mellitus & Insulin Shock

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 about home, on farm, in industrial place, in a public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature L. E. Pope M.D. M.D.

Address Beaufortville N.C. Date signed July 16, 1946

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Every item of information should be carefully supplied. The correct age is especially important. PHYSICIANS: Please write the cause of death clearly and legibly.