

State File No.

Registration District No. 726Primary Registration District No. 5958

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County Ralls  
(b) City or town Ralls County, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Ralls County, Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Not in institution  
(Specify whether  
In this community Life Time  
years, months or days)

8. (a) PRINT  
FULL NAMEAmy I. Sanner 560

## 8. (b) If veteran,

name war

## 8. (c) Social Security

No. —

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married,  
divorced Single  
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if  
alive — years  
7. Birth date of deceased November 8, 1869  
(Month) (Day) (Year)

## 8. AGE:

Years

Months

Days

If less than one day

70 4 4 hr. min.

9. Birthplace Ralls County, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation At home

## 11. Industry or business

12. Name Benjamin J. Sanner  
13. Birthplace St. Marys Co. Maryland  
(City, town, or county) (State or foreign country)  
14. Maiden name Benjamin J. Sanner  
15. Birthplace Whiting West Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. H. J. Sanner  
(b) Address R. R. #3 - Hannibal, Mo.

17. (a) Burial (b) Date thereof March 24, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation St. Oliver Cemetery

18. (a) Signature of funeral director G. P. Schwartz  
(b) Address Hannibal, Missouri

19. (a) 3-25-40 (b) Blanche Morgan  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Ralls  
(c) City or town Ralls County  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. R. #3 - Hannibal, Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. — years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd  
year 1940 hour 2:20 minute P. M.

21. I hereby certify that I attended the deceased from Mar  
20, 1940, to Mar 22, 1940  
that I last saw her alive on Mar 20, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast Duration  
10ish 1 month

Due to —Due to 50

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations —

Of autopsy —

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically

## 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?  
653 (Specify type of place) (e) Means of injury —  
While at work? —

23. Signature A. B. Blue (M. D. or other) —  
Address Hannibal, Mo. Date signed 3/26/40

RECEIVED

District Health Officer No. 10

District File Number 4-40-966

Date Filed APR 10 1940

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.....

Ray P. Schwartz, Registered Apprentice No.....  
working under my personal supervision.

Signed Ray P. Schwartz  
Licensed Embalmer No. 1765  
P. O. Address Hannibal, 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, above space should be left blank.