

FILED NOV 25 1940

State File No. _____

Registration District No. 853

Primary Registration District No. 6124

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Jackson Twp. Rural
(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 _____ (Specify whether _____)

In this community _____
years, months or days

8. (a) PRINT FULL NAME Emiline Matilda Sinclair

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Joseph Sinclair 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 6, 1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Don't know Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Home on farm

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Sinclair

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Fredenburg

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Sinclair

(b) Address Pollock, Mo.

17. (a) Burial (b) Date thereof Oct. 30, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell's

18. (a) Signature of funeral director Schwenes

(b) Address Wilcox, Mo.

19. (a) Nov. 7, 1940 (b) Clie Hagan
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
(c) City or town Jackson Twp. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1940 hour 8- minute 00 2 M.

21. I hereby certify that I attended the deceased from Oct. 29, 1940, to Oct. 29, 1940, that I last saw her alive on October 29, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Anemia Duration _____

Due to Chronic nephritis

Due to Endocarditis

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 in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature J. C. Roberts (M. D. or other) _____

Address Pollock, Mo. Date signed 10/31/1940

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

RECEIVED

District Health Officer No. 10

District File Number 11-40-2029

Date Filed NOV 11 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

Frank D. Schoene

Registered Apprentice No. _____

working under my personal supervision.

Signed

Frank D. Schoene

Licensed Embalmer No. 2016

P. O. Address Milan, W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.