

**DEC 18 1940**

Registration District No. **621** Primary Registration District No. **4372** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County **Madaway Mo**

(b) City or town **Elmo Mo**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **None**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3**  
(Specify whether in this community year or days)

In this community **About two yrs**

3. (a) MOUNT FULL NAME **Minnie Sanders**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **F**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **Wid**

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **Aug 26 1854**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	hr.	min.
<b>86</b>	<b>86</b>	<b>26</b>		

If less than one day

9. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Anna 1. Paper**

MOTHER FATHER

12. Name **Henry Wallace Abbey**

13. Birthplace **Hall England**  
(City, town, or county) (State or foreign country)

14. Maiden name **Charlotte Abbey**

15. Birthplace **Painesville Ohio**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Emma Snodderley**

(b) Address **Elmo Mo**

17. (a) **Burial** (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Burdigull**

18. (a) Signature of funeral director **Walter J. ...**

(b) Address **957 South Main Marshall Mo**

19. (a) **Nov 22** (b) **Clair D. Han**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Madaway**

(c) City or town **Marionville Mo**  
(If outside city or town limits, write "RURAL")

(d) Street No. **0**  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **22** year **1940** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **July 18** 19 **40** to **Nov 22** 19 **40** that I last saw her alive on **Nov 22** 19 **40** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**

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

Due to **Stroke**

Other conditions **Stroke**  
(Include pregnancy within 3 months of death)

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

Duration \_\_\_\_\_

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? \_\_\_\_\_

23. Signature **W. D. E. ...** (M.D. or other) **D.O.**  
Address **Elmo Mo** Date signed **Nov 22 40**

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

**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.....

*William Campbell*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*William Campbell*

Licensed Embalmer No. *2632*

P. O. Address..... *Harquah*

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

**If this body is not embalmed, fact should be so stated above.**