

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15608

State File No.

Registration District No. 728

Primary Registration District No. 5961

Registrar's No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Adrian
(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.? 0 years.

3. (a) PRINT FULL NAME Etta Lee Sinclair

3. (b) If veteran, name war 1 - 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ernest Sinclair 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased June 4, 1898
(Month) (Day) (Year)

8. AGE: Years 42 Months 10 Days 4 If less than one day _____ 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 Mc Neal
13. Birthplace New London Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Etta Snell
15. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest E. Sinclair
(b) Address Adrian, Missouri
17. (a) Burial (b) Date thereof April 10, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Ray P. Debevoise
(b) Address Springfield Missouri
19. (a) May 15, 1941 (b) Marion Sherk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th year 1941 hour 9:15 minute P.M.
21. I hereby certify that I attended the deceased from _____, 1941, to April 8, 1941;
that I last saw her alive on April 8, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary He-
berleth
Due to _____

Due to _____
Other conditions (Include permanent within 3 months of death) 1941
Tuberculosis

Major findings: Tuberculosis
Of operations _____
Of autopsy _____
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 _____

23. Signature John P. Debevoise (M. D. or other) _____
Address 1001 Polk Avenue Date signed 4/11/41

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

RECEIVED

District Health Officer No. 10

District File Number 5-41-952

Date Filed MAY 4 1941

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 _____

Roy P. Schwartz

Registered Apprentice No. _____

working under my personal supervision.

Signed *Roy P. Schwartz*

Licensed Embalmer No. 17650

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.