

Registration District No. **834**

Primary Registration District No. **4506**

Registrar's No. **21**

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

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution:
ash street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community life time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard **183**

(c) City or town Bell city mo
(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 Sahar E. Hinder

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1961 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from April 18
1941 to April 23 1941
that I last saw her alive on April 23 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John W. Hinder

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased March 16 1860
(Month) (Day) (Year)

Immediate cause of death Senecity

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

8. AGE: Years 81 Months 2 Days 7 If less than one day _____
hr. min.

9. Birthplace Stoddard Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Don't know

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

14. Maiden name Sahar E. Ferry

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

16. (a) Informant E. H. Shoup

(b) Address Bell City Mo

17. (a) Burial (b) Date thereof 4 24 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deasant Hill Stoddard Mo

18. (a) Signature of funeral director Bisplinghoff Hubbers

(b) Address Chaffes Mo

19. (a) April 30-41 (b) D. S. McKee
(Date received local registrar) (Registrar's signature)

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 C. E. Lewis (M. D. or other) D
Address Bell City, Mo Date signed 4/23/41

RECEIVED

District Health Officer No. 2,

District File Number 541-463

Date Filed 5/8/41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.