

FILED NOV 8 1944
 Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 354

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
123 East Saline
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community three years

3. (a) PRINT FULL NAME Minnie Sanders Hall

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife George Hall 6. (c) Age of husband or wife if alive **** years

7. Birth date of deceased March 30, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>69</u>	<u>6</u>	<u>27</u>
				____ hr. ____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Edmund Sanders

13. Birthplace Morgan County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Keele

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

16. (a) Informant Marshall Hall, Sr. (son)

(b) Address Route 5, Sedalia, Mo.

17. (a) Burial (b) Date thereof 10/31/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director EWING FUNERAL HOME

(b) Address Sedalia, Mo.

19. (a) 10/31/44 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 Missouri Pettis
 (a) State Missouri (b) County Pettis
 (c) City or town Sedalia
(If outside city or town limits, write "RURAL")
 (d) Street No. 123 East Saline
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
 year 1944 hour 10:30 minute 0 M.

21. I hereby certify that I attended the deceased from about 10-21 to Oct 27, 1944
 that I last saw her alive on Oct 24, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
myocarditis

Duration
2-3 hrs
1 1/2 yr

Due to _____

Due to _____

Other conditions 93
(Include pregnancy within 3 months of death)

Major findings:
 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) (Means of injury)

23. Signature A. L. Walter (M. D. or other) MD

Address Sedalia Mo Date signed 10-31-44

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

664

RECEIVED .

District Health Officer No. 8,

District File Number _____

Date Filed 11-7-44

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 Quane Ewing

Licensed Embalmer No. 2847

P. O. Address Delaha 270

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.