

FILED DEC 29 1945

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 343

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

1. PLACE OF DEATH:

(a) County Marion.

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

(c) Name of hospital or institution:
Levering Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days.
(Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME Sarah Jane Engle.

3. (b) If veteran, name war _____

3. (c) Social Security No. None.

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

6. (b) Name of husband or wife Franklin P. Engle. 6. (c) Age of husband or wife if alive. 70 years

7. Birth date of deceased December, 14, 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 0 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife.

11. Industry or business Home.

MOTHER FATHER

12. Name Wm L. Wright.

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

14. Maiden name Elizabeth Jane Wright.

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

16. (a) Informant Wm W. Thompson.
(b) Address Hunington, Huntington, Missouri.

17. (a) Burial (b) Date thereof 11-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ariel Cemetery.

18. (a) Signature of funeral director [Signature]
(b) Address Perry, Missouri.

19. (a) 11-15-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87

(c) City or town Hunington, Missouri R.F.D.
(If outside city or town limits, write "RURAL")

(d) Street No. Rural (Ralls County.)
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14th.
year 1945 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from 11-11, 1945 to 11-14, 1945,
that I last saw h. ex alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction - Diabetes mellitus
6 years

Due to _____

Due to _____

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations 6/

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) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Hannibal, Mo Date signed 11-14-45

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

Clifford Wilkey

Licensed Embalmer No. *3820*

P. O. Address *Perry, 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, fact should be so stated above.