

FILED DEC 29 1945

State File No. _____

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 346

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:
St Elizabeth Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days.
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Perry, Missouri. 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No. 1
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Sada M. Scobee.

3. (b) If veteran, name war _____

3. (c) Social Security No. None.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8th.
year 1945. hour 2:00 minute 45 M.

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

6. (b) Name of husband or wife D.A. Scobee. 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased February, 7, 1864.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1945 to Nov 8, 1945, that I last saw her alive on Nov 8, 1945; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>9</u>	<u>1</u>	hr. _____ min. _____

Immediate cause of death _____

Due to adhesions

Due to _____

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

10. Usual occupation Housewife.

Other conditions Generalized peritonitis
(Include pregnancy within 3 months of death)

11. Industry or business Home.

12. Name W.L. Fleak.

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

14. Maiden name Sarah M. Sense.

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

Major findings:
Of operations _____

Of autopsy 129

16. (a) Informant D. G. Scobee

(b) Address Perry, Missouri.

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? _____

17. (a) Burial (b) Date thereof Nov. 9, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lickcreek Cemetery, Perry, Mo.

18. (a) Signature of funeral director. E. J. ...

(b) Address Perry, Missouri

19. (a) 11-16-45 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

While at work _____
(Specify type of place)

(c) Means of injury _____

23. Signature J. J. ... (M. D. or other) 20

Address Hannibal, Mo. Date signed 11/9/45

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

1894

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 Clyde 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.