

0. 2  
13-40  
17-39  
X23159

Registration District **FILED SEP 16 1940**

Primary Registration District No. 3008

Registrar's No. 206

1. PLACE OF DEATH:

(a) County **CALLAWAY**  
(b) City or town **FULTON**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) **2**  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **HOME**  
years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME **MAUDE MARVIN McSAH**

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 **SPARREH** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **JUNE 25 1870**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **1** Days **25** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **CALLAWAY Co. MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business \_\_\_\_\_

12. Name **JOHN A GARRETT**

13. Birthplace **MISSOURI**  
(City, town, or county) (State or foreign country)

14. Maiden name **SABIE CRUMP**

15. Birthplace **MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **SPARREH McSAH**

(b) Address **FULTON, MO.**

17. (a) **BURIAL** (b) Date thereof **Aug. 22, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **HIGH CREST**

18. (a) Signature of funeral director **Glen Y. Mansin**

(b) Address **700 Court St Fulton, Mo.**

19. (a) **Aug 22, 1940** (b) **R.N. Crews**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **CALLAWAY**  
(c) City or town **FULTON**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **802 COURT ST.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **20th**  
year **1940** hour **10.15** minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from **June 5th, 1940**  
to **Aug. 20th, 1940**;  
that I last saw **er** alive on **Aug. 20th, 1940**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** **3 days**  
Duration  
**Following spinal cord disease, (Sclerosis bilateral,)** **10 yrs.**  
**and cystitis, Chronic,** **1 year**  
**Arteriosclerosis. With paralysis**  
**lower limbs from lumbar region down**  
**and incontinence, urine and feces.**  
Other conditions **two months.**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **No 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? \_\_\_\_\_

23. Signature **Glen Y. Mansin** (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_  
Address **FULTON MO** Date signed **8/22/40**

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

**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

*Walter P. Hedges*

Registered Apprentice No. *263*

working under my personal supervision.

Signed

*Glen G. Mansur*

Licensed Embalmer No. *27125*

P. O. Address *Fulton, MO*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**