

FILED OCT 18 1940

32511

State File No. _____

Registration District No. 638

Primary Registration District No. 3028

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Fredericktown Mo
(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)
(d) Length of stay: In hospital or institution 2
(Specify whether _____)
In this community _____
years, months or days _____

3. (a) PRINT FULL NAME MINNIE SEBRING

3. (b) If veteran, name war _____ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, divorced Widowed

6. (b) Name of husband or wife George W. Sebring 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 1 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Brookfield Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 9

11. Industry or business _____

12. Name William Clarkson 9

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

14. Maiden name Elizabeth Moore

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

16. (a) Informant Mr. Harry Ward
(b) Address Fredericktown Mo.

17. (a) Removal (b) Date thereof 9-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookfield Mo.

18. (a) Signature of funeral director Stanley H. Dixon
(b) Address Fredericktown Mo.

19. (a) Sept 20-1940 (b) G. C. Slaughter
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19
year 1940 hour 9:12 minute P. M.

21. I hereby certify that I attended the deceased from Aug 1st 1940 to Sept 19 1940
that I last saw her alive on Sept 19 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 3 days

Due to _____
Due to 107 W

Other conditions Arthritis, etc _____ years

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? Yes
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature G. C. Slaughter (M. D. or other) _____
Address Fredericktown Date signed 9/19/40

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

MOTHER FATHER

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

Stanley H Dixon

, Registered Apprentice No. *214*

working under my personal supervision.

Signed *William B O'Connor*

Licensed Embalmer No. *3975*

P. O. Address *Fredericktown 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.