

FILED AUG 19 1941

State File No. _____

Registration District No. 46-67

Primary Registration District No. 6767

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Walden, W. Island, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 11 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mississippi
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles S. East of E. Prairie
(If rural, give location)
(e) Citizen of foreign country? Walden Island, Mo (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DORTHY EMILENE SANDERS

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

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 11, 1925
(Month) (Day) (Year)

8. AGE: Years 16 Months 1 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Richard Sanders
13. Birthplace Hickman Co. 1 Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Betty Lane
15. Birthplace 1 Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Sanders
(b) Address East Prairie Mo
17. (a) Burial (b) Date thereof 7-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director Frank Shelly
(b) Address East Prairie Mo
19. (a) 8-6-1940 (b) W. M. Hodge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1941 hour 11:55 minute P M.

21. I hereby certify that I attended the deceased from 6-28 1941 to 7-5 1941
that I last saw her alive on 7-5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Lung Abscess
Due to _____
(Ruptured) Peritonitis abscess
Due to _____

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

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) (e) Means of injury _____

23. Signature W. A. Jengel (M, D. or other) D
Address 206 S. Grand St. Charleston Mo Signed 7-12-41

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

RECEIVED

District Health Office No. 2

District File Number 841-1103

Date Filed 8-15-41

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

Francis Shelly

Licensed Embalmer No.

2726

P. O. Address

East Praine, Md

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.