

1. PLACE OF DEATH:  
 (a) County FRANKLIN  
 (b) City or town BEUBA-KE LYON Twp  
 (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 \_\_\_\_\_ (Specify whether)  
 In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME MARY SANDERS  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced W 2  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased MARCH 11 1850  
 (Month) (Day) (Year)

8. AGE: Years 91 Months 8 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

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

MOTHER FATHER {  
 12. Name Wencesl. HACKMANN  
 13. Birthplace GERMANY 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name ELIZABETH SCHWAEGER  
 15. Birthplace GERMANY 11  
 (City, town, or county) (State or foreign country)

16. (a) Informant Rose Palmentier  
 (b) Address Leslie Mo RHRI

17. (a) BURIAL (b) Date thereof Dec 8 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Port Hudson Cath Cem.

18. (a) Signature of funeral director G. H. Sherman

(b) Address Beaufort Mo

19. (a) 12-8-41 (b) J. H. Mathews  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Franklin  
 (c) City or town Rural 36  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5  
 year 1941 hour 4:00 minute 00 P. M.  
 21. I hereby certify that I attended the deceased from 1939  
 \_\_\_\_\_, 19\_\_\_\_, to Dec 5, 1941;  
 that I last saw her alive on Nov 12, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration

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 Charles A. Schmitt (M. D. or \_\_\_\_\_)  
 Address Rural Mo Date signed 12-6-41

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

600

**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.....

*This Body Not Embalmed.*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*E. H. Lemme*

Licensed Embalmer No.....

*3076*

P. O. Address.....

*Beaufort 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.**