

FILED DEC 22 1947

Registration District No. 8

Primary Registration District No. 4021

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Audrain.  
(b) City or town Ladonia, Missouri.  
(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. 43 Yrs. (Specify whether years, months or days)  
In this community 43 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain.  
(c) City or town Ladonia, Missouri.  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10th  
year 1947 hour 2:40 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 26, 1947, to Dec. 10, 1947;  
that I last saw her alive on Dec 9, 1947;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Lobar Pneumonia Duration 24 hrs

Due to Paralysis of left side due to apoplexy 16-Days

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

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) (c) Means of injury \_\_\_\_\_

23. Signature W. K. McCall (M. D. or other) \_\_\_\_\_  
Address Ladonia, Mo. Date signed 12/10/47

3. (a) PRINT FULL NAME

Amy Catherin Sankpill.

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 Charles A. Sankpill. 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased August, 23, 1869  
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 18 If less than one day hr. min.

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

10. Usual occupation Housework.

11. Industry or business Home.

12. Name John Johnson

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

14. Maiden name Jane Markeell.

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

16. (a) Informant Charles Sankpill  
(b) Address Ladonia, Missouri.

17. (a) Burial (b) Date thereof Dec. 12, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladonia, Mo.

18. (a) Signature of funeral director W. K. McCall  
(b) Address Ladonia, Mo.

19. (a) 12-16-1947 (b) Martha Korman  
(Date received local registrar) (Registrar's signature)

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

MOTHER, FATHER

RECEIVED  
District Health Officer No. 10  
District File Number 12-47-122  
DEC 18 1947

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.....

*John J. Ellis*....., Registered Apprentice No. *494*  
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.