

RECD OCT 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32104
Do not use this space.

1. PLACE OF DEATH

(a) County DeKalb Registration District No. 262
(b) Township Park Primary Registration District No. 5364 Registered No. _____
(c) City _____ (d) Street No. _____
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 73 yrs. mos. ds.

2. PRINT FULL NAME

Sarah Frances Ibsen 125
(a) Residence, No. Union Star Mo St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 1 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb County Mo.

FATHER 13. NAME Joseph Ibsen

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yorkshire Kirbydalet England

MOTHER 15. MAIDEN NAME Esther Hebdon

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mary E. Foster Union Star Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star Mo DATE Sept 30 1938

19. FUNERAL DIRECTOR (ADDRESS) Lucile M. Wilson King City Mo

20. FILED Oct 1 1938 J. E. Reynolds Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 24 1938

22. I HEREBY CERTIFY, That I attended deceased from August 1938 to September 26 1938. I last saw her alive on September 26 1938. Death is said to have occurred on the date stated above, at 6:00 A. M.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
59
Other contributory causes of importance: diabetes mellitus

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify Pathe E. Rockwood D.O., M. D.
(Signed) Pathe E. Rockwood
(Address) Union Star, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Lucile M. Wilson, Licensed Embalmer No. 2830

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

.....L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Lucile M. Wilson

Licensed Embalmer No. 2830

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32104
Do not use this space.

1. PLACE OF DEATH

(a) County DeKalb Registration District No. 262
(b) Township Palix Primary Registration District No. 5364
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Sarah Francis Heaton
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 73 1 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house work
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER 13. NAME _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED Oct 1 1938 E. M. Reynolds Local Registrar.
E. H. Reynolds

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Luther E. Roarkhoed, M.D.
(Address) Union Star

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-32104