

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

41592
Do not use this space.

DEC 20 1937

1. PLACE OF DEATH

(a) County JASPER Registration District No. 411
(b) Township _____ Primary Registration District No. 2002 Registered No. _____
(c) City Joplin (d) Street No. 522 Connor 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 Ann Oxford

(a) Residence, No. 522 Connor 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 Female 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 68 9 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) JERRE HANTE, Ind.

13. NAME Wm BRASWELL

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Martha (Unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) Family

18. BURIAL, CREMATION, OR REMOVAL PLACE Webb City Cem. DATE 11-19 1937

19. FUNERAL DIRECTOR (ADDRESS) Lanpher Mortuary Joplin, Mo.

20. FILED 11-19 1937 Ed D Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1937, to Nov 17, 1937. I last saw her alive on Nov 12, 1937. Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

Conjunctive heart failure
Carcinoma left breast
60

Date of onset Nov 1 1937?

Other contributory causes of importance:
Arteriosclerosis
Senility
Arthritis

Name of operation mastectomy Date of 1932
What test confirmed diagnosis? ? 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. Home
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Samt Anthony J. D.
(Address) Miss Mary Joplin, 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.

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7
5

OCCUPATIONS
FATHER
MOTHER

STATEMENT BY LICENSED EMBALMER

I, Allen E. Langher Licensed Embalmer No. 3574
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Allen E. Langher
L. E.
No. 3574 or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Allen E. Langher
Licensed Embalmer No. 3574

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.)