

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

2
3057
 Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade Registration District No. 408
 (b) Township _____ Primary Registration District No. 3220 Registered No. _____
 (c) City Carthage (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 51 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sally Jones 520

(a) Residence, No. 1521 S. Clinton 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7 1938 to Jan. 17 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1852

I first saw her alive on Jan. 16 1938 Death is said to have occurred on the date stated above, at 7 A m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 . 4 4

The principal cause of death and related causes of importance were as follows:
Hypostatic pneumonia Date of onset Jan 16 '38

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper

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 _____

Other contributory causes of importance: 106a
Acute bronchitis Jan 1 '38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Indiana

Name of operation _____ Date of _____

13. NAME Mark Lott

What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME Phoebe Wallace

Where did injury occur? _____ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. Vera Garrison (ADDRESS) 1521 S. Clinton Carthage

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Jan. 19 1938

24. Was disease or injury in any way related to occupation of deceased? No

19. FUNERAL DIRECTOR Ellis Mortuary (ADDRESS) Carthage, Mo

If so, specify P. N. Webster (Signed) _____, M. D.

20. FILED Jan 19 1938 W. M. Howard M.D. Local Registrar. 370 (Address) Carthage 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.

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Emmett R. Stueell Licensed Embalmer No. 391

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

L. E.

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

Emmett R. Stueell

Licensed Embalmer No. _____

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.)