

REC'D SEP 27 1938

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

20598

Do not use this space.

1. PLACE OF DEATH

(a) County NEWTON Registration District No. 609
(b) Township _____ Primary Registration District No. 4363 Registered No. 92
(c) City NEOSHO (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 PAINTER 536

(a) Residence, No. W BROOK STREET 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) 8-6 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WILLIAM T PAINTER

22. I HEREBY CERTIFY, That I attended deceased from 6-28, 1938 to 8-6, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 10 1857

I last saw her alive on 8-5, 1938 Death is said to have occurred on the date stated above, at 6:45 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 28

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

OCCUPATION 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. HOUSEWIFE
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

General senility with nephritis and endocarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GOLDEN MISSOURI

Other contributory causes of importance: Fractured hip 6-28-38

FATHER 13. NAME MATTHEW HARBERT

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO RECORD

MOTHER 15. MAIDEN NAME NO RECORD

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO RECORD

17. INFORMANT (ADDRESS) Mrs Gora Martin
NEOSHO, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE GIBSON CEMETERY DATE 8-8-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) THE BIGHAM MORTUARY
NEOSHO, MO

20. FILED 8-15, 1938 Anala Sale
Local Registrar

Name of operation None Date of _____
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 6-28 1938
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fractured hip
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Anala Sale, M. D.
(Address) Neosho, Mo

1862
15

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

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No. 2689

P. O. Address 2015 10

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

295-98
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
 (b) Township _____ Primary Registration District No. 4363 Registered No. 92
 (c) City Neosho (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 Painter
 (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) wid

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.
	<u>81</u>	<u>9</u>	<u>28</u>	

OCCUPATION
 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) _____

FATHER
 13. NAME _____

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

MOTHER
 15. MAIDEN NAME _____

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 8-15 1938 Onal G. Sale, M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw h. _____ 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:

General senility with nephritis and Edema - Arteritis
 Date of onset 150

Other contributory causes of importance:

fractured hip
fell down steps 6-28-35

Name of operation _____ Date of _____

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? accident Date of injury 6-28, 1938

Where did injury occur? home Neosho, mo.
 (Specify city or town, county, and State)

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

Manner of injury home

Nature of injury fractured hip

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Onal G. Sale, M. D.
 (Address) Neosho, mo.

SUPPLEMENT

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED DATE 08-15-2011 BY 60322 UCBAW/STP

