

DEC 15 1938

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

38704

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan 2) Registration District No. 86
(b) Township Washington 1) Primary Registration District No. 5127 Registered No. 62
(c) City St. Joseph (d) Street No. R. 7 D #6 St.
(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

SARAH ELLEN HANAWALT
(a) Residence, No. R. 7 D #6 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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1855
7. AGE YEARS 83 MONTHS 7 DAYS 11 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Indiana 1
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 1
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 1
17. INFORMANT (ADDRESS) Mrs. John Showalter
Kansas City, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland DATE Nov 21, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Barry-Wylie
218 So 10th St
20. FILED Nov. 21, 1938 Myrtle M. Hanson Local Registrar. 861

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1938, to Nov 16, 1938
I last saw her alive on Nov. 15, 1938. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:
Acute Myocarditis Date of onset 11-14-38
11/2
Other contributory causes of importance:
Influenza 11-13-38
Name of operation ✓ Date of _____
What test confirmed diagnosis? Chemical 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? No
If so, specify _____
(Signed) H. A. Robertson M. D.
St. Joseph, Mo.

Please call
62057
When signed

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, D. E. Ryan

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

D. E. Ryan

Licensed Embalmer No. 3613

P. O. Address St. Joseph

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, above space should be left blank.