

1939 JUN 8

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

18627  
Do not use this space.

1. PLACE OF DEATH <sup>3</sup>  
 (a) County GREENE Registration District No. 378  
 (b) Township Campbell Primary Registration District No. 2001 Registered No. 398  
 (c) City SPRINGFIELD or (d) Street No. 688 Nichols St.  
 (e) Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SARAH JANE WINSLOW  
 (a) Residence, No. 1653 W. Walnut 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 - 1859

7. AGE YEARS 79 MONTHS 8 DAYS 8 If LESS than 1 day, hrs. or min.

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

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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford Pa.

13. NAME Henry Bollinger

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

15. MAIDEN NAME Mary Cathrin Bole

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

17. INFORMANT (ADDRESS) J. L. Jenkins Brown Springs mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall Mo DATE 5-14-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dunn-Hall Springfield Mo

20. FILED 5-13 1939 Chas George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 11 - 1939

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1939, to May 11, 1939  
 I last saw h. DR alive on May 11, 1939. Death is said to have occurred on the date stated above, at 11:40 P.M.  
 The principal cause of death and related causes of importances were as follows:  
Acute Intestinal Obstruction as result of  
of:  
Hb

Date of onset 5/6/39

Other contributory causes of importances:  
Carcinoma of sigmoid colon - primary

Name of operation None Date of None  
 What test confirmed diagnosis? Examined 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) Sheward B. Hall M. D.  
 (Address) 500 Holland Bldg Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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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**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 Rayd W. Fox  
Licensed Embalmer No. 7910  
P. O. Address 679 W Walnut

**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.**

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