

NOV 3 1939

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

Do not use this space.

35365

1. PLACE OF DEATH

County Andrew 2  
Township Nodaway 1  
City Savannah (No. .... St. .... Ward)

Registration District No. 13  
Primary Registration District No. 4610 5016

File No. 6  
Registered No. 61

2. FULL NAME

635 Mrs. Sarah Ellender Harding  
(a) Residence, No. Near Savannah mo St. .... Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 John Harding  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-19-1859  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
87 3 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X  
10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Washington, D.C. (STATE OR COUNTRY) D.C.

MOTHER 13. NAME Augustus Williams 14. BIRTHPLACE (CITY OR TOWN) Devonshire (STATE OR COUNTRY) England

15. MAIDEN NAME Rachel Hackett

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

17. INFORMANT Mrs. Fred Linch (ADDRESS) Savannah mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Polk Row mo DATE Oct. 13, 1939

19. UNDERTAKER Fred Terburne (ADDRESS) Savannah mo

20. FILED Oct 12 1939 Mrs. Jennie Rash Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10 1939  
22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1939 to Oct 8 1939  
I last saw her alive on Oct 8 1939 Death is said to have occurred on the date stated above, at 9:30 a.m.  
The principal cause of death and related causes of importance were as follows:

1. Cerebral Hemorrhage  
2. Thromblygia  
Other contributory causes of importance: 82k

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? ..... 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) Hubert B. Kelley M. D.  
(Address) Savannah, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I 20314

STATEMENT BY LICENSED EMPALMER

I, J. Fred Terhune, Licensed Embalmer No. 1279

hereby certify that the body reported on the reverse side of this

Certificate was embalmed by \_\_\_\_\_

or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

(Signed) J. Fred Terhune  
Licensed Embalmer No. 1279

NOTE: The above MUST BE SIGNED BY THE LICENSED EMPALMER AND HIS HANDWRITING.

RECORDED  
District Health Officer No. 111  
District File Number 1159-1470  
Date Filed NOV 7 1939