

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

37058

Do not use this space.

1. PLACE OF DEATH **NOV 24 1939**

(a) County Toledo Registration District No. 761
 (b) Township Monroe Primary Registration District No. 2014 Registered No. 21
 (c) City or Appleton (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 Emma Deats

(a) Residence, No. Appleton 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 Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 8 11

OCCUPATION 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 Life

12. BIRTHPLACE (CITY OR TOWN) Union Co (STATE OR COUNTRY) Iowa

FATHER 13. NAME Chris Shore
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Iowa

17. INFORMANT Nattie Goff (ADDRESS) Appleton City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Harmony Co DATE 10-8-39

19. FUNERAL DIRECTOR (NAME) Fred C. Wilkinson (ADDRESS) Clinton Mo

20. FILED Oct 12, 1939 Clis Abbey Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1939, to Oct 6, 1939
 I last saw her alive on Sept 22, 1939. Death is said to have occurred on the date stated above, at 5 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset _____

Other contributory causes of importance: ASC

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) R. L. Hansen, M. D.
 (Address) Appleton City 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

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RECEIVED

District Health Officer No. 7;

District No. 7-39-1527

Date Filed 11-6-39

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.....

P. O. Address.....

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.