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

DEC 10

39984
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper 2 Registration District No. 408

(b) Township E. Jackson Primary Registration District No. 5563A Registered No. 218

or

(c) City 1 (d) Street No. Rural Route 3, Carthage 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 16 yrs. 0 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

252

2. PRINT FULL NAME Sarah M. Dickinson

(a) Residence, No. Rural Route 3, Carthage St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	74	5	26	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville, Ind. 1

FATHER

13. NAME John Price 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER

15. MAIDEN NAME Neoma Griffith

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

17. INFORMANT (ADDRESS) Mrs. Maud Skinner R. R. 3, Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE 11-23 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ulmer Funeral Home Carthage, Mo.

20. FILED Nov. 22 1939 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 11-21, 1939, to 11-21, 1939

I last saw her alive on 11-21, 1939. Death is said to have occurred on the date stated above, at 4:50 m. P. M.

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

	Date of onset
Chronic myocarditis	
9 2 C	

Other contributory causes of importance:

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) H. E. Byrd 1, M. D.

(Address) Carthage 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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RECEIVED
District Health Officer No. 6,
District File Number 229-2602
Date Filed DEC 14 1939

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 Ed Ellmer

Licensed Embalmer No. 2222

P. O. Address .....

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

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