

JAN 8 1940

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

43012
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 134
 (b) Township Ridge Primary Registration District No. 5186 Registered No. 20
 (c) City Bosworth Mo. (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 Louella Green

(a) Residence, No. _____ 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. L. Green
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1863
 7. AGE YEARS 76 MONTHS 10 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker
 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) Ill. (STATE OR COUNTRY) 1

13. NAME Thomas E. Kemple
 14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) 9

15. MAIDEN NAME Sarah Holland
 16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) _____

17. INFORMANT Mrs Ben Wilhelm (ADDRESS) Bosworth, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Beverly Cemetery DATE Nov 30 1939

19. FUNERAL DIRECTOR (NAME) David J. Edwards (ADDRESS) Bosworth, Mo.

20. FILED Nov, 29 1939 Mrs. A. G. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1938 to Nov 28 1939
 First saw her alive on Nov 28 1939 Death is said to have occurred on the date stated above, at 9:00 am
 The principal cause of death and related causes of importance were as follows:

Cardiac Asthma with Coronary Embolism

Other contributory causes of importance: 95 lb

Name of operation _____ Date of _____
 What test confirmed diagnosis? blue 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) W. Ross Brown M. D.
 (Address) Bosworth, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 11/8/40

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 *David J. Edwards*
Licensed Embalmer No. *32650*
P. O. Address *Barnworth Me*

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.