

FILED FEB 7 1940

Bishop

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

3353
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township Longwood Primary Registration District No. 5887
(c) City Hughesville, Mo. Street No. Route 1 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 Elizabeth Lower

(a) Residence, No. Hughesville, Mo., Route # 1. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 3 29

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) Ohio /

13. NAME J. F. Hess /

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia /

15. MAIDEN NAME Nancy Hurt

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

17. INFORMANT Richard Lower
(ADDRESS) Hughesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Longwood, Mo. DATE Feb. 2, 1940 19

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED 2-2- 19 40 Miss Harry Sneed
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1940 19 40

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 19 40, to Jan 30, 19 40. I last saw her alive on Jan 29, 19 40. Death is said to have occurred on the date stated above, at 8:10 p.m.
The principal cause of death and related causes of importance were as follows:

Influenza and Chronic Myocarditis

Other contributory causes of importance: Senility

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? no Date of injury 6, 19 40
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 6
Nature of injury 6

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. F. Bishop, M. D.
(Address) Sedalia, 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/1/40

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 Geo. Dillard
Licensed Embalmer No. 3868
P. O. Address: Sedalia, Mo.

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.