

MAR 11 1940

State File No. _____

Registration District No. 86

Primary Registration District No. 5127

Registrar's No. 233

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural - Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R. #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 4 mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. R.R. #3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME SARAH A. McVay

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife T. C. McVay 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 27 1857
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 1 If less than one day
hr. _____ min. _____

9. Birthplace Lebanon Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business home

12. Name Geo. W. Bowen

13. Birthplace unknown Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Bethame Clark

15. Birthplace unknown Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant W. M. McVay

(b) Address R. #3 St. Joseph, Mo.

17. (a) Removal (b) Date thereof MAR 1st 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON, MO.

18. (a) Signature of funeral director ELEMAN & SON, INC.

(b) Address St. Joseph, Mo.

19. (a) Feb 29, 1940 (b) W. M. McVay
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1940 hour 6 1/2 minute 15 a. m.

21. I hereby certify that I attended the deceased from Jan 15 1940 to Feb 28 1940
that I last saw her alive on Jan 15
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Influenza

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature W. M. McVay (M. D. or other) _____

Address 301 - 1 - 8th Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

C. H. Swaney

Licensed Embalmer No. 4982

P. O. Address St Joseph

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.