

WRITE CLEARLY, 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.

Harrison

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

6839
Do not use this space.

1. PLACE OF DEATH *Iron* *391*
 (a) County *Iron* Registration District No. *391*
 (b) Township *Arceutha* Primary Registration District No. *5546A* Registered No. _____
 (c) or City *3* (d) Street No. *Missouri Home for Aged Baptists* 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 *3* yrs. mos. ds. (f) How long in U. S. (if of foreign birth) yrs. mos. ds.

2. PRINT FULL NAME *580* *Sarah J Dean*
 (a) Residence, No. *Home for Aged Baptists* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Alexander Dean*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 12 1856*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 *1* *6*

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. *retired*
 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) *Phelps Co. Mo.*

FATHER
 13. NAME *George Woolsey*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Louisville Ky.*

MOTHER
 15. MAIDEN NAME *Sophia Burns*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Louisville Ky.*

17. INFORMANT (ADDRESS) *John H. Bunney Ironton Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Baptist Home Cemetery* DATE *Feb 19 1940*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *White & Sons Ironton Mo*

20. FILED *Mar - 1* 19 *40* *Julia A. Stanton* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 18 1940* 19 *19*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 10th*, 19 *40*, to *Feb. 18th*, 19 *40*
 I last saw h. *er* alive on *Feb. 18, 1940* Death is said to have occurred on the date stated above, at *11:00 a.m.*
 The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia (4th-Pneumonia) Date of onset *2/16/40*
Influenza *Feb. 10, 1940*
 Other contributory causes of importance: *11 W*

Name of operation *none* Date of _____
 What test confirmed diagnosis? *Phys. exam.* 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) *J. E. Farland* M. D.
 (Address) *Ironton, Mo.*

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.