

AUG 18 1940

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4058

Registration District No.

Primary Registration District No.

210

1. PLACE OF DEATH:

(a) County Caldwell
(b) City or town Hamilton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 59 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Sarah H. Chain 50D

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 Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 18th 1852
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 15 If less than one day
hr. _____ min.

9. Birthplace Columbiana County, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher - Retired

11. Industry or business

MOTHER FATHER {
12. Name Hugh Chain
13. Birthplace Columbiana County, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Roseberg
15. Birthplace Columbiana County, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Crosby C. Johnson
(b) Address Hamilton, Missouri

17. (a) Burial (b) Date thereof July 5-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery Hamilton, Missouri

18. (a) Signature of funeral director G. R. Houghton
(b) Address Hamilton, Missouri

19. (a) July 5 1940 (b) Merle Brown
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 (d)
year 1940 hour 1:00 P. minute _____ M.

21. I hereby certify that I attended the deceased from July 1st
_____, 1940, to July 3, 1940
that I last saw her alive on July 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute intestinal obstruction Duration 3da.
Due to Valvular in Stomach
Due to _____

Other conditions Hypostatic pneumonia 2da.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 122 19
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? N.O.
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature L. M. Deacy (M. D. or other) !
Address Hamilton, Mo. Date signed 7/5/40

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

3
4
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RECEIVED

District Health Officer No. 11,

District File Number 840-1285

Date Filed AUG 14 1940

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.....

L.R. Haughton....., Registered Apprentice No.....
working under my personal supervision.

Signed L.R. Haughton.....

Licensed Embalmer No. 3854

P. O. Address Hamilton 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.