FILED AUG 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25619

Registration District No. 486 Primary Registration District No. 5649 Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Rural Hurricane (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether

In this community 79 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln

(c) City or town Rural (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 E Haddock 220

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife —

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

7. Birth date of deceased Oct. (Month) 2 (Day) 1860 (Year)

8. AGE: Years 79 Months 9 Days 1 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name James Wilson
13. Birthplace Lincoln Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Senura Macintosh
15. Birthplace (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Ida Haddock

(b) Address Whiteside Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Troy Mo.

18. (a) Signature of funeral director Gooch Hdwe Co

(b) Address Eolia Mo.

19. (a) July 4 1940 (Date received local registrar) Etta Powell (Registrar's signature)

July 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1940 hour 4 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 30, 1940, to July 3, 1940 that I last saw her alive on July 2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis producing congestive heart failure — Duration Unknown

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93 C

Major findings:
Of operations

Of autopsy

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? 888 (Specify type of place)

While at work? (e) Means of injury

23. Signature J. G. Hoeger (M. D. or other)

Address Whiteside Mo. Date signed 7/3-40

(Licensed Embalmer's Statement on Reverse Side)

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 Norman E. Gooch

Licensed Embalmer No. R 3442

P. O. Address Eolia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.