

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

26435
 83
 State File No. 83

Registration District No. 802 Primary Registration District No. 6046 44 x 1 Registrar's No. 70

1. PLACE OF DEATH:
 (a) County Schuyler Co.
 (b) City or town Downing mo
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether
 In this community years, months or days) 2 11 1

3. (a) PRINT FULL NAME Sarah A. McAllister
 3. (b) If veteran, name war
 3. (c) Social Security No.

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

6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive < years

7. Birth date of deceased: apr 16 1858
 (Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Penna. (City, town, or county) (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business 9

12. Name Sidney Thompson

13. Birthplace (City, town, or county) (State or foreign country) 1

14. Maiden name Sidney Thompson

15. Birthplace (City, town, or county) (State or foreign country) 1

16. (a) Informant Wm. McAllister

(b) Address Downing mo

17. (a) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Lloyd Moore

(b) Address Downing mo

19. (a) July 17-40 (b) (c) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Schuyler
 (c) City or town Downing (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1940 hour 09 minute 45 M.

21. I hereby certify that I attended the deceased from June 10 1940, to July 13 1940, that I last saw her alive on July 13 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure Duration

Due to Myocarditis (Chronic)

Due to Nephritis chronic

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1 2 1

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? 721

While at work? (Specify type of place) (c) Means of injury

23. Signature J. H. Drake (M. D. or other) 1

Address 721 West 11th St, Downing, Mo Date signed 7/19/40

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

8

RECEIVED

District Health Officer No. 10

District File Number 8-40-1671

Date Filed Aug 21, 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 me

....., Registered Apprentice No. 3151
working under my personal supervision.

Signed Lloyd Moore

Licensed Embalmer No. 3151

P. O. Address Douglas

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, fact should be so stated above.