

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.

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

Registration District No. 181 Primary Registration District No. 6782 Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Pleasant Hill
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Route 1, Box 391
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 72 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah E. Prince
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Garvin Prince 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased January 17 1868
 (Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 { 12. Name Spencer Daugherty 9
 13. Birthplace Unknown 1
 (City, town, or county) (State or foreign country)

{ 14. Maiden name Mary (Unknown) 7
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Garvin Prince
 (b) Address Route 1, Box 391, Pleasant Hill, Mo.

17. (a) Burial (b) Date thereof Aug. 20, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation City Cemetery, Jackson, Mo.

18. (a) Signature of funeral director Frank Sparks
 (b) Address Cape Girardeau, Mo.

19. (a) August 20, 1940 (b) Clayton Miller
 (Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cape Girardeau
 (c) City or town Rural, near Pleasant Hill
 (If outside city or town limits, write "RURAL")
 (d) Street No. Route 1, Box 391
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 17
 year 1940 hour 3:30 minute _____ P. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Natural Cause Duration _____
Dr. E. M. Trickey, Coroner, after hearing the evidence filed that the deceased Sara Prince came to her death by a natural Cause.

Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

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) Natural Cause
 (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? _____

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

23. Signature E. M. Trickey, Coroner (M.D. or other) _____
 Address 4 S. Pacific St. Cape Gir. Date signed Aug 18

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.....

Frank Sparks, Registered Apprentice No.....
working under my personal supervision.

Signed..... *Frank Sparks*

Licensed Embalmer No. *3455*

P. O. Address *Cape Girardeau*

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.