

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.

Registration District No. 151

Primary Registration District No. 4085

Registrar's No. 108

1. PLACE OF DEATH:
 (a) County CASS.
 (b) City or town DREXEL.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
AT HOME IN DREXEL MO.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Does not apply.
(Specify whether
 In this community 24 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI. (b) County CASS?
 (c) City or town DREXEL, MISSOURI.
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME SARAH ELIZABETH FENTON.
 3. (b) If veteran, name war None. 3. (c) Social Security No. None.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 17
 year 1940 hour 10 minute 45 P.M.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
 6. (b) Name of husband or wife C. F. Fenton. 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased November, 29, 1866.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 23, 1940 to Sept. 17, 1940;
 that I last saw her alive on Sept. 17, 1940;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 9 18 hr. min.

Immediate cause of death Carcinoma of Stomach Duration 2 1/2
 Due to _____
 Due to 4 1/2

9. Birthplace Alma, Missouri.
(City, town, or county) (State or foreign country)

Other conditions 4 1/2
(Include pregnancy within 3 months of death)
 Major findings: None.
 Of operations _____
 Of autopsy None.

10. Usual occupation Household Duties.
 11. Industry or business At Home.
 MOTHER FATHER { 12. Name Abram Larsh Graves,
 13. Birthplace Missouri.
(City, town, or county) (State or foreign country)
 14. Maiden name Martha Pollard,
 15. Birthplace Not Known.
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature S. F. Fenton
 (b) Address Drexel, Mo.
 17. (a) Burial. (b) Date thereof Sep. 19, 40.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sharon Cemetery.
 18. (a) Signature of funeral director [Signature]
 (b) Address Drexel, Mo.
 19. (a) 9/18/40. (b) Mabel Huston
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Does Not Apply.
 (b) Date of occurrence Do.
 (c) Where did injury occur? Do.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Does Not Apply.
(Specify type of place)
 While at work? Do. (e) Means of injury None.
 23. Signature Baird Offutt (M. D. or N. D.)
 Address Drexel, MO. Date signed _____

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, ~~XXX~~

personally

~~XXXXXXXXXXXXXXXXXXXX~~

working under my personal supervision.

Signed



Licensed Embalmer No. 1950.

P. O. Address. Drexel, Missouri.

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.