

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35614**

NOV 15 1940
Registration District No. **408**

Primary Registration District No. **5562**

Registrar's No. **189**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Rural - Marion Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
(Specify whether years, months or days)
In this community **62 years**

3. (a) PRINT FULL NAME **SARAH ELIZABETH ALE**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

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

7. Birth date of deceased **May 1 1849**
(Month) (Day) (Year)

8. AGE: Years **91** Months **5** Days **18** If less than one day hr. min.

9. Birthplace **Columbia Co. Penn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business

12. Name **Samuel Ale**

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

14. Maiden name **Margaret Dilline**

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

16. (a) Informant's own signature **Mrs Tom Hackett**

(b) Address **Route 4 - Carthage, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 22-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Cemetery**

18. (a) Signature of funeral director **Knee Martiney**

(b) Address **Carthage, Missouri**

19. (a) **Oct. 22, 1940** (b) **E. J. McIntire, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 4 - Carthage**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **19**
year **1940** hour **4** minute **40** P. M.

21. I hereby certify that I attended the deceased from **Mar**, 19**37**, to **Oct. 19**, 19**40**,
that I last saw her alive on **Oct 18**, 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **10 yrs**

Due to **Hypertension**

Due to

Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **none**

(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?

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

23. Signature **George H. Wood** (M. D. or other)

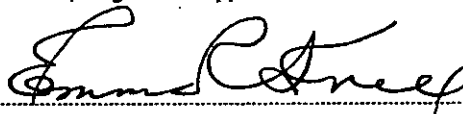
Address **Carthage Mo** Date signed **10/22/40**

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.....



Licensed Embalmer No. 391

P. O. Address Carthage

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.