

No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 21 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36074

Registration District No. 696

Primary Registration District No. 4418

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Platte

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None 20
(Specify whether years, months or days)

In this community 78 years 10 mo. 14 dys.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah E. Sowder

8. (b) If veteran, name war None

8. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jared D. Sowder

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased Dec. 16th. 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	10	14	hr. min.

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

10. Usual occupation House Keeping

11. Industry or business None

12. Name Jesse Anderson

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

14. Maiden name Mary Ellen Hill

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

16. (a) Informant Alva Sowder

(b) Address Platte City, Missouri

17. (a) Burial (b) Date thereof Nov. 1-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carden Point No.

18. (a) Signature of funeral director William Davis

(b) Address Dearborn, Missouri

19. (a) 11-1-1940 (b) M. Francis & Murray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Platte City, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. None
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30th.
year 1940 hour 8 minute 50 - P. M.

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

Immediate cause of death Cancer of breast

Duration
6 yrs

Due to Cancer of Breast

Due to 50

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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? _____

627
While at work? Yes (Specify type of place) (g) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Platte City Date signed _____

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

3

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 Rueben Davis
Licensed Embalmer No. 4168
P. O. Address Dearborn

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.