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**JAN 13 1949**  
Registration District No. 135

Primary Registration District No. 5192 518K Registrar's No. 111

**1. PLACE OF DEATH:**

(a) County Carroll  
(b) City or town Carrollton  
(If outside city or town limits, write "RURAL")  
(c) Name of hospital or institution: Rural Foster TP  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days) 2

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Carroll  
(c) City or town Carrollton  
(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.

8. (a) PRINT FULL NAME Sarah Francis Tatum

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race N 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife John B. Tatum Sr 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 2 12 1855  
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Samuel Barkin  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Sprout  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant J D Tatum  
(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 12-12-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Walter Marshall  
(b) Address Carrollton Mo

19. (a) 12-12-40 (b) Wuth Haskins  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12 day 10 year 1940 hour \_\_\_\_\_ minute 12:20 A. M.  
21. I hereby certify that I attended the deceased from 7-22-40 to 12-11 1940 that I last saw her alive on 11-28- 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 2  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? 130 while at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature W. G. Atwood (M. D. or other) 1  
Address Carrollton Mo Date signed 12/14/40

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

RECEIVED  
District Health Officer No. 8,  
District File Number 1-8-4/  
Date Filed

**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 R. M. Marshall

Licensed Embalmer No. 2520

P. O. Address Camden, Mo.

**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.**