

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42432

State File No. _____

Registration District No. 295

Primary Registration District No. 4179

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Sullivan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community Travellin Through. (Specify whether
years, months or days) 3

8. (a) PRINT FULL NAME Sarah Pauline Marlow

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Eugene B. Marlow 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 7, 1895
(Month) (Day) (Year)

8. AGE: Years 45 Months 9 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Herschel Benefield

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

14. Maiden name Ora Brlman

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

16. (a) Informant Mrs. H. C. Hays

(b) Address Sullivan, Ind.

17. (a) Burial (b) Date thereof 12/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Ind.

18. (a) Signature of funeral director Pho. P. Stoffe
(b) Address Sullivan, Ind. Mo.

19. (a) 12-28-1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Tulsa

(c) City or town Tulsa
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27 (27)
year 1940 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Auto Accident.
Neck Fracture, Basal Skull Fracture
Crushed Chest.

Due to _____

Due to Head on Collision

Other conditions _____
(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) Accident

(b) Date of occurrence December 27, 1940

(c) Where did injury occur? 2 Mi. East Sullivan
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
732 Highway # 66.

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

23. Signature Pho. P. Stoffe CORONER or other 5

Address Sullivan, Mo. Date signed 12/28

Duration

7 hours

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 ME

....., Registered Apprentice No.....

working under my personal supervision.

Signed Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Sullivan, 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.