S. No. 2
—11-10-39
v. 5-17-39
1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42959

JAN 8 1941

Registration District No. 431 — Primary Registration District No. 3023 — Registrar's No. 144

51
6
2

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

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg (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 (Specify whether years, months or days) 33 yrs.

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson.

(c) City or town Warrensburg. (If outside city or town limits write "RURAL")

(d) Street No. 214 E. Market St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Sarah Alice Rothwell

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Clayborne W. Rothwell

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased June (Month) 7 (Day) 1848 (Year)

8. AGE: Years 92 | Months 5 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Louisa County (City, town, or county) Va (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Wm. F. Leake
13. Birthplace Louisa County (City, town, or county) Va (State or foreign country)

MOTHER
14. Maiden name Mary Snow
15. Birthplace Louisa County (City, town, or county) Va (State or foreign country)

16. (a) Informant Mrs J. W. Hull

(b) Address Warrensburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6 - 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Knobnoster Mo

18. (a) Signature of funeral director Sweeney - Phillips

(b) Address Warrensburg Mo

19. (a) Dec 6-1940 (Date received local registrar) (b) Bertie Gentry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1904 hour 8:50 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from Jan 1939, 19.., to Dec 4, 1940, that I last saw her alive on Dec 3, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis

Due to Colitis of rural scan and the general infirmities

Due to of age 92 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

Duration

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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature L J Schofield (M. D. ~~or other~~) 1

Address Warrensburg Mo Date signed Dec 4-40

(Licensed Embalmer's Statement on Reverse Side)

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 R. Q. Phillips, Registered Apprentice No. _____ working under my personal supervision.

Signed R. Q. Phillips.

Licensed Embalmer No. 2320

P. O. Address Warrensburg.

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.