

Registration District No. 253

Primary Registration District No. 35514153

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Lock Springs
(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 _____)
In this community _____
years, months or days 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Lock Springs
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME SARAH JANE TROSPER

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married 2 divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased mo 5 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 2 22 hr. _____ min.

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

10. Usual occupation House Keeper

11. Industry or business none

MOTHER FATHER
12. Name John Huston
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth M. Combs
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant T. D. Trospier
(b) Address 900 N E 18th Ave

17. (a) Burial (b) Date thereof Jan 29 1941
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lock Springs

18. (a) Signature of funeral director James P. ...
(b) Address ...

19. (a) Jan 29 1941 (b) T. D. Trospier
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1941 hour 3 50 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 21
_____ 1941, to Jan 27, 1941;
that I last saw her alive on Jan 27, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 6 days

Due to 70

Due to _____
Other conditions Chronic Bronchial Asthma
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underlines 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? _____

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

23. Signature A. G. Minnich (M. D. or other) D.
Address Lock Springs Date signed Jan 29 1941

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.....

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

working under my personal supervision.

Signed.....

Q. L. Roberson

Licensed Embalmer No. *3244*

P. O. Address *Jamestown*

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.