

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8489

State File No. _____

ED MAR 17 1941
Registration District No. _____

Primary Registration District No. 7171

Registrar's No. 6

1. PLACE OF DEATH:
(a) County Warren
(b) City or town Pendleton
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Warren
(c) City or town Pendleton
(d) Street No. _____
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Sarah Francis Usry
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB, day 28, year 1941, hour 5, minute 00 P.M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Stephen Usry 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 25, 1859 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 2 Days 3 If less than one day hr. _____ min. _____

Immediate cause of death Coronary thromboses Duration 2 days

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

Due to Also had chronic myocarditis & nephritis
Due to _____

10. Usual occupation at home Retired

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

11. Industry or business _____

Major findings: Of operations _____

12. Name William L. Mitchell

Of autopsy _____

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

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14. Maiden name Annie Mitchell

Underline the cause to which death should be charged statistically.

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

16. (a) Informant Mrs. ROBT. MEYER (b) Address Pendleton, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof Mar. 2, 1941 (c) Place: burial or cremation Warrenton, Mo.

(a) Accident, suicide, or homicide (specify) _____ (b) Date of occurrence _____

18. (a) Signature of funeral director J. W. Deibel & Co (b) Address Warrenton, Mo.

(c) Where did injury occur? _____ (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

19. (a) March 3, 1941 (b) _____ (c) _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature John A. Dyer (M. D. or other) _____ Address _____ Date signed 3/28/41

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

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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,

....., Registered Apprentice No.

working under my personal supervision.

Signed

John F. Feeling

Licensed Embalmer No. *38970*

P. O. Address *Warrenton, 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, fact should be so stated above.