

APR 15 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11771

State File No.

Registration District No. 547

Primary Registration District No. 3024 5961

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Oakwood
(c) Name of hospital or institution 3007 Kenwood Avenue
(d) Length of stay: In hospital or institution 16 years
In this community 16 years

3. (a) PRINT FULL NAME Rosa Sarrell

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

4. Sex Female 5. Color or race White
6. (b) Name of husband or wife Samuel B. Sarrell 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June 7, 1859

8. AGE: Years 81 Months 9 Days 2 If less than one day hr. — min. —

9. Birthplace (Not known) Ohio

10. Usual occupation At home

11. Industry or business

12. Name John Simpson
13. Birthplace (Do not know)
14. Maiden name (Do not know)
15. Birthplace (Do not know)

16. (a) Informant Harry E. Sarrell

(b) Address Oakwood, Missouri

17. (a) Burial (b) Date thereof March 11, 1941

(c) Place: burial or cremation Int. Zion Cemetery

18. (a) Signature of funeral director Ray P. Schuchert

(b) Address Nannibal, Missouri

19. (a) Mar. 10, 1941 (b) W. B. Fisher

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Oakwood
(d) Street No. 3007 Kenwood Ave.
(e) If foreign born, how long in U. S. A. — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1941 hour 7 minutes 30 A.M.

21. I hereby certify that I attended the deceased from March 9th, 1941
to March 9th, 1941
that I last saw him alive on March 9th, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis

Due to

Serum

Due to

Other conditions 94 W
(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?

1.55 (Specify type of place) While at work? (d) Means of injury

23. Signature W. B. Fisher (M. D. or other) D. P. Z.

Address 202 N. 4th St. Nannibal Date signed 3/10/41

RECEIVED

District Health Officer No. 10

District File Number 4-41-733

Date Filed APR 10 1941

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 _____

working under my personal supervision.

Signed

Registered Apprentice No. _____

Licensed Embalmer No. 17650

P. O. Address Hannibal 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.