No. 2
4-13-40
5-17-39
MI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17522

Registration District No. 163 Primary Registration District No. 4095 Registrar's No. 30

1. PLACE OF DEATH:
(a) County: Cedar
(b) City or town: ElDorado Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 210 w. Hightower st.
(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)
In this community: 8 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State: New Mexico (b) County: 90
(c) City or town: Albuquerque (If outside city or town limits, write "RURAL") 1
(d) Street No.: unknown (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Sarah Helen Gresham
3. (b) If veteran, name war: 33333
3. (c) Social Security No.: ####
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widow
6. (b) Name of husband or wife: William A. Gresham
6. (c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: Dec. (Month) 21 (Day) 1855 (Year)

8. AGE: Years	Months	Days	If less than one day
85	5	7	hr. min.

9. Birthplace: Henry Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
FATHER 12. Name: Thomas G. Cock
13. Birthplace: Virginia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Martha Bishop
15. Birthplace: Virginia (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. J.N.Burlin
(b) Address: 210 W. Hightower
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5/31/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Windsor Mo.
18. (a) Signature of funeral director: Mafus Funeral Home
(b) Address: ElDorado Sprgs mo
19. (a) 5-29-41 (Date received by local registrar) (b) J.H.Dawson (Registrar's signature) 54

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1941 hour 12 noon minute M.
21. I hereby certify that I attended the deceased from Apr 4, 1941, to May 28, 1941, that I last saw him alive on May 13, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Cirrhosis Liver	Duration
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: W. P. Roggelos (M. D. or other) O
Address: ElDorado Springs Date signed: 5-29-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-41-937
Date Filed 6-9-41

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 George W. Mafus

Licensed Embalmer No. 2752

P. O. Address El Dorado Spgs M

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.