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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17819  
Registrar's No. 406

Registration District No. 318 Primary Registration District No. 2001

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1903 W. High  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 Yrs. (Specify whether  
In this community 11 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene 35  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. 1903 West High (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Sarah Frances Rea  
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 16 year 1941 hour 5 minute viewed the body at P. M. viewed the body at

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased Aug. 3 1880  
(Month) (Day) (Year)

21. I hereby certify that I viewed the body at Dunn Funeral Home to 5-19-41 19\_\_\_\_; that I last saw h alive on 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
160 9 13 hr. min.

Immediate cause of death Cancer of Rectum and Senility. Duration \_\_\_\_\_

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

Due to No doctor present at time of death, although Dr. Fitch saw her several months previously—One time.

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Major findings: 460 Of operations \_\_\_\_\_

MOTHER { 12. Name J. W. Blain  
13. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_ Underline the cause to which death should be charged statistically.

14. Maiden name Louise Taylor  
15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Blain Taylor  
(b) Address Kansas City, Mo.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof May 18, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation Fair View, Mo.

(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Dunn Funeral Home  
(b) Address Springfield, Mo.

Signature W. E. Handley Acting Coroner 3  
Address 227 E. Olive St. Date signed 5-19-41

19. (a) 5-17-41 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

Address 227 E. Olive St. Date signed 5-19-41

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**