FILED JUN 20 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18359

Registration District No. 529 Primary Registration District No. 5705 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Macon
(b) ~~City or town~~ Chariton Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 5 miles South of Bevier
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Macon
(c) City or town Chariton Twp. O
(If outside city or town limits, write "RURAL")
(d) Street No. 5 miles South of Bevier
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Sarah Elizabeth Powers
3. (b) If veteran, name war none
3. (c) Social Security No. none
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 years
7. Birth date of deceased May (Month) 27 (Day) 1866 (Year)

8. AGE: Years 74 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Macon Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation House keeper
11. Industry or business House
MOTHER FATHER
12. Name L. M. Fugate
13. Birthplace 1 Tenn (City, town, or county) (State or foreign country)
14. Maiden name Charlotte Shoemaker
15. Birthplace Randolph Co. Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Monroe Tuttle
(b) Address R 2 Bevier Mo
17. (a) New Salem Cem (Burial, cremation, or removal) (b) Date thereof May 16-41 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ New Salem Cem
18. (a) Signature of funeral director Albert Skinner
(b) Address Macon Mo
19. (a) May 24-41 (Date received local registrar) (b) Mrs R. W. Dowell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1941 hour 5/40 minute P M.
21. I hereby certify that I attended the deceased from 8-1, 1940 to ~~July~~ May 14, 1941 that I last saw her alive on Jan 10, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Vascular Renal Disease — Duration 2 or more years.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 131 a
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? 473 (Specify type of place)
While at work? (e) Means of injury
23. Signature T. P. Conoway (M. D. or other)
Address Macon Mo Date signed 5/23/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-41-1147
Date Filed JUN 18 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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed George Hile

Licensed Embalmer No. 4064

P. O. Address Macon, Missouri

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.