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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18574

State File No. _____
Registrar's No. 19

Registration District No. 628 Primary Registration District No. 5870-5830

1. PLACE OF DEATH:
(a) County Madaway Miss.
(b) City or town Putman Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 'Rural'
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. None
(Specify whether years, months or days) About 4.2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madaway
(c) City or town S. E. Putman
(If outside city or town limits, write "RURAL")
(d) Street No. 70 (If rural, give location) Rural
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 30
year 1941 hour 2 am minute _____ M.
21. I hereby certify that I attended the deceased from May 27 1941 to May 29 1941
that I last saw her alive on May 29 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Howell A. Money
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased: June (Month) 6 (Day) 1861 (Year)

Immediate cause of death: Myocardial reorganization and cholelithiasis jaundice
Duration _____

8. AGE: Years 79 Months 11 Days 24 If less than one day hr. _____ min. _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) None

9. Birthplace Poria County, Illinois
(City, town or county) (State or foreign country)

10. Usual occupation House wife

Major findings: L
Of operations _____
Of autopsy L
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Capt. John Colwell Biggs
13. Birthplace Unknown, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Catharine Colwell
15. Birthplace Unknown, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Howell A. Money
(b) Address Putman Mo.

17. (a) Burial (b) Date thereof June 1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.O.F. Putman Mo. 559

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 551 Main Street, Putman Mo.

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) _____ (e) Means of injury _____
23. Signature J. B. Manning (M. D. or other) D
Address Blidmore Mo. Date signed June 3/41

19. (a) June 3-1941 (b) Earl McDonald
(Date received local registrar) (Registrar's signature)

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

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.....

W. Dean Campbell

Licensed Embalmer No. *2620*

P. O. Address *Marquette, Mich.*

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.