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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21913

Registration District No. 416 Primary Registration District No. 4248 Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Sarcoxie (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community About 65 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Sarcoxie 0 (If outside city or town limits, write "RURAL")

(d) Street No. City 0 (If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Samantha Bell Gustafson

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Francis O. 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased October (Month) 29 (Day) 1853 (Year)

8. AGE: Years 87 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Galva / (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name ------ Shultz
13. Birthplace Germany / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Jane Holiday
15. Birthplace ------ (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant A. E. Gustafson

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/41 (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie Cemetery

18. (a) Signature of funeral director Roland Engelage

(b) Address Sarcoxie, Missouri

19. (a) 6/14/41 (Date received local registrar) (b) Mrs Lenna Boodaway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1941 hour 7 minute 30 AM.

21. I hereby certify that I attended the deceased from June 11, 1941, to June 14, 1941; that I last saw her alive on June 14, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure

Due to Mitral stenosis & regurgitation

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Dr. I. E. Kilbane (M.D. or other) DO

Address Sarcoxie Mo. Date signed June 14

(Licensed Embalmer's Statement on Reverse Side)

41-7-627

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 B. Orr

Licensed Embalmer No. 946

P. O. Address 7 Mt Vernon Pl

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

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