

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:  
429 W. Central  
(If not in hospital or institution, write street number or location)

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

In this community 47 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049

(c) City or town Carthage 5  
(If outside city or town limits, write "RURAL")

(d) Street No. 429 W. Central  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME SARAH JOSEPHINE STUCKEY

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31,  
year 1941 hour 12:30 minute \_\_\_\_\_ P. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife S. A. Stuckey

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: November 27, 1854  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 31 1941, to Aug 31 1941;  
that I last saw him alive on Aug 31 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Serum Sulfate

8. AGE: Years	Months	Days	If less than one day
<u>86</u>	<u>9</u>	<u>4</u>	hr. _____ min. _____

Due to Had taken 5 grams of Phenobarbital

Due to Phenobarbital addict for 15 years.

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

9. Birthplace X (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

12. Name Joel Jackson

13. Birthplace Kv. (City, town, or county) (State or foreign country) 1

14. Maiden name Mary Secrest

15. Birthplace Va. (City, town, or county) (State or foreign country) 1

16. (e) Informant Mrs. Earl A. Steward

(b) Address S. Maple St., Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-41 (Month) (Day) (Year)

(c) Place: burial or cremation Twin Grove Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 S. Garrison, Carthage, Mo.

19. (a) Sept 2, 1941 (Date received local registrar)

(b) E. J. Mc Intire, M.D. (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)

23. Signature R. W. Steward (M. D. or other) \_\_\_\_\_

Address Carthage Mo. Date signed Sept. 2

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

MOTHER FATHER

41-9-788

JK  
100

10. 10. 10.

**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 *John S. Penneby*

Licensed Embalmer No. *41941*

P. O. Address *Carthage Mo*

**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.**