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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

Registration District No. 8

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 34428

Registrar's No. 441

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County BUTLER 12
(c) City or town POPLAR BLUFF 7
(If outside city or town limits, write "RURAL")
(d) Street No. 1013 PEACH ST 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SARAH JANE BARRINER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCT (Month) 31 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
52	0	10	hr. min.

9. Birthplace PIEDMONT (City, town, or county) MO (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
FATHER 12. Name NOAH MILLER
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name MARY McALLISTER
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs Esther Payne
(b) Address 1013 PEACH ST Poplar Bluff Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 13-1941 (Month) (Day) (Year)
(c) Place: burial or cremation GREEN HILL CEM
18. (a) Signature of funeral director N.T. Phelps
(b) Address Poplar Bluff Mo
19. (a) 11-15-41 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 11th
year 1941 hour 11 minute 10 A. M.
21. I hereby certify that I attended the deceased from July 7, 1941, to Nov 11, 1941, that I last saw her alive on Nov 10, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis — Duration 6 mo.
Primary in Sigmoid Colon & Obstruction
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Hx
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Fred A Briggs (M. D. or other)
Address Poplar Bluff, Mo. Date signed 11-13-41

(Licensed Embalmer's Statement on Reverse Side)

NOV 27 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 N. T. Pheelps

Licensed Embalmer No. 3231

P. O. Address Paplar Bluff Mo

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.