

DEC 18 1941

328

Primary Registration District No. 3017

State File No.

Registrar's No.

1. PLACE OF DEATH: Grundy
 (a) County Grundy
 (b) City or town Trenton Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1200 Harris Ave 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 1200 Harris Ave 1
 (Specify whether in this community: all life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Grundy
 (c) City or town Trenton Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1200 Harris Ave 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Sarah Arbuckle
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 18
 year 1941 hour 11 minute 40 a. M.

4. Sex F 1
 5. Color or race w
 6. (a) Single, widowed, married, divorced wid
 6. (c) Age of husband or wife if alive 12 years
 7. Birth date of deceased: Jan 16 1869
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 12 1941, to Nov 14 1941, that I last saw h alive on Nov 13 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 9 Days 13 If less than one day hr. min.

Immediate cause of death: Arterio Sclerosis 2 yrs

9. Birthplace Missouri (City, town, or county) (State or foreign country)

Due to: Due to: Other conditions: (Include pregnancy within 3 months of death) 97

10. Usual occupation Housewife

Major findings: Of operations: Of autopsy:

MOTHER FATHER {
 12. Name Jack Gowdy
 13. Birthplace Don't know
 (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Frances Gowdy
 15. Birthplace Missouri (City, town, or county) (State or foreign country)

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs G. G. Goad
 (b) Address 512 E. Trenton

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence

17. (a) Maple Grove (b) Date thereof Nov 16-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Maple Grove Trenton

(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?
 While at work? (Specify type of place) (a) (Specify type of injury) 1)

18. (a) Signature of funeral director James James
 (b) Address Trenton Mo
 19. (a) 11-16-41 (b) E. A. Duffy
 (Date received local registrar) (Registrar's signature)

23. Signature E. A. Duffy (M. D. or other)
 Address Trenton Mo Date signed Nov 18 1941

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.....

Chas D. Gypso

Licensed Embalmer No. *3109*

P. O. Address *Frederick Md*

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.