

FILE JAN 20 1942

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

41369

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 80
 (b) Township Platte or Missouri Primary Registration District No. 3-121
 (c) City (d) Street No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SARAH JANE CULP

(a) Residence, No. Buchanan County, Rural St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Culp
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1, 1851
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 7
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan D
 FATHER 13. NAME John F Foster
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 MOTHER 15. MAIDEN NAME Barbara Sutton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 17. INFORMANT (ADDRESS) Floyd C Culp
Gauler mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Allen Cemetery DATE Dec 9 1941
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. H. Mullins
Dover, Missouri
 20. FILED Dec 9 1941 Ma. Lucy Powell
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8-1941

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1940, to Dec 8th, 1941
 I last saw her alive on Nov 25th, 1941. Death is said to have occurred on the date stated above, at 4 A.M.
 The principal cause of death and related causes of importance were as follows:

myocarditis 2 yrs 1939
930

Other contributory causes of importance:

Senile Dementia 3 weeks

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?.....
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) J. C. Starks, M. D.(Address) Yarrow mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

30-M-37-10-33 I X1005

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 me,
....., Registered Apprentice No.
working under my personal supervision.

Signed H. A. Sullivan
Licensed Embalmer No. 1738
P. O. Address Lower Merion

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, above space should be left blank.