

No. 2  
1-4-41  
17-39  
X26390

FILED MAR 16 1942

State File No. \_\_\_\_\_

Registration District No. 971

Primary Registration District No. 6155

Registrar's No. 3

1. PLACE OF DEATH:

(a) County VERMION CO

(b) City or town RID RICH HILL MO  
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas

(c) City or town Paris Hill  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME SARAH HELEN LOUNSBURY

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F 5. Color or race W

6. (a) Name of husband or wife M. LOUNSBURY

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased: JAN-2-1859  
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 13  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation HOUSEWIFE

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

12. Name JAMES MILLER

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

14. Maiden name SARAH BANKS

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

16. (a) Informant Edna Campbell

(b) Address Rich Hill Mo

17. (a) Burial (b) Date thereof Feb-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodswood Cem.

18. (a) Signature of funeral director Booth Service

(b) Address Rich Hill Mo

19. (a) New Pk (b) Antony Thomas  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1942 hour 10 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Feb 15 to Feb 15 1942 that I last saw him alive on Feb 15 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 10 hours

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations 83a

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature James Miller (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 2/16/42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7.

District File Number 3-42-231

Date Filed 3-11-42

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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 H. Hinkwood*

Licensed Embalmer No. 3585

P. O. Address Butler 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.**