

FILED APR 2 1948 544

Registration District No. 678544

Primary Registration District No. 5735

Registrar's No. _____

I. PLACE OF DEATH:

(a) County Marion Co
(b) City or town Safe Mo Rural
(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 _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
(c) City or town Safe
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? _____ years

3. (a) PRINT FULL NAME Sarah J. Underwood

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 Div
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased 1-3-1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Howell Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Wm Guesler
13. Birthplace Don't know
14. Maiden name Malinda Barnes
15. Birthplace Don't know

16. (a) Informant S.S. Underwood

(b) Address Safe Mo

17. (a) Burial (b) Date thereof 1-6-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Underwood cem

18. (a) Signature of funeral director W. H. Richlar

(b) Address St James 440

19. (a) 1/25/42 (b) Charles Dickson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 3 year 1942 hour 7:30 minute 0 M.

21. I hereby certify that I attended the deceased from 10/30/41 to Dec 30 1941 that I last saw her alive on Dec 27 and that death occurred on the day and hour stated above.

Immediate cause of death Myocardial infarction Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy NO

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(b) Date of occurrence _____
(c) Where did injury occur? _____
(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 S. J. Underwood (M. D. or other) _____
Address 1719 E. 10th Date signed _____

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

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

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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.....

Orval E. Leiklier

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Orval E. Leiklier

Licensed Embalmer No. *3544*

P. O. Address *H. James*

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.