

Registration District No. 399

Primary Registration District No. 1084

Registrar's No.

1. PLACE OF DEATH: Jackson  
 (a) County Kansas City, Mo  
 (b) City or town (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Memorial Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)  
 In this community 36 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State ~~Mo~~ Missouri (b) County Chariton 21  
 (c) City or town Rural (If outside city or town limits, write "RURAL")  
 (d) Street No. Chariton (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME SARAH HELEN MILGROVE  
 3. (b) If veteran, name war. no  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 5 day 7  
 year 1942 hour 10 minute 10 P.M.

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widowed  
 6. (b) Name of husband or wife James Milgrove  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased April 10 1891 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 15 1942 to May 7 1942  
 that I last saw her alive on May 7 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 51 Months 0 Days 27 If less than one day hr. min.

Immediate cause of death  
 Acute Pulmonary Edema

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

Due to Peritonitis 1178'  
 Due to

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Perforated Duodenum  
 Of operations  
 Of autopsy

MOTHER FATHER  
 12. Name Benjamin Stevens  
 13. Birthplace Chariton Co. Missouri (City, town, or county) (State or foreign country)  
 14. Maiden name Francis Wilson  
 15. Birthplace Illinois (City, town, or county) (State or foreign county)

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

16. (a) Informant Louis Lanning  
 (b) Address 2825 Monroe H.K.C. Mo.

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

17. (a) Burial (b) Date thereof May 10-1942 (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt Pleasant

(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?

18. (a) Signature of funeral director James M. Laughlin  
 (b) Address Mableline Mo.

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

19. (a) 5-7-42 (b) M. M. Crowe (Date received local registrar) (Registrar's signature)

23. Signature O J. Pinty (M. D. or other)  
 Address 1103 Grand Date signed 5/7/42

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

Signed.....

*Dale Bunch*

Licensed Embalmer No.....

*4088*

P. O. Address.....

*Marlin Me*

**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.**