

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18368

State File No. _____

Registration District No. 490

Primary Registration District No. 4293

Registrar's No. 16

1. PLACE OF DEATH:
(a) County LINCOLN
(b) City or town Elsberry
(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 _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Sarah Elizabeth Allen
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 Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 4 1952
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace LINCOLN Mo. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Housewife

11. Industry or business _____
MOTHER FATHER { 12. Name Ephiram McMillen
13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Doughty
15. Birthplace Missouri 1
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Margaret Truett
(b) Address Elsberry, Mo.
17. (a) Burial (b) Date thereof May 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elsberry Cem.
18. (a) Signature of funeral director Clifton Mulls
(b) Address Elsberry, Mo.
19. (a) June 8 1942 (b) A. H. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County LINCOLN 2
(c) City or town Elsberry
(If outside city or town limits, write "RURAL")
(d) Street No. North 5th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 14
year 1942 hour 10 minute 10 A.M.
21. I hereby certify that I attended the deceased from May 9
1936, to May 14 1942

that I last saw her alive on May 14 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis
Duration _____

Due to _____
Due to _____
Other conditions Prose 930
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
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 _____
28. Signature W. H. Callaway (M. D. or other) P.D.
Address Elsberry Date signed 5-15-42

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, ~~on~~ *May 14-73*

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

Signed *Clifton Mills*
Licensed Embalmer No. *3364*
P. O. Address *Elsbury, 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, above space should be left blank.