

FILED JUL 16 1942

Registration District No. 744

Primary Registration District No. 3035

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Richmond mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether  
In this community 51 yrs. years, months or days)

3. (a) PRINT FULL NAME Sarah Aumiller

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Geo. Aumiller Deceased 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased March 11 - 1859. (Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 14 If less than one day hr. min.

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

10. Usual occupation Home Keeper

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant George Aumiller

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof 5-28-42. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond Cem Mo.

18. (a) Signature of funeral director J. Brothers

(b) Address Richmond Mo.

19. (a) 5-27-42 (b) Mrs. Charles W. Sheppard (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray  
(c) City or town Richmond Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 330 Wellington Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country U.S.A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1942 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 24 1942, to May 25 1942, and that death occurred on the date and hour stated above.

that I last saw her alive on May 24 - 1942

Immediate cause of death Coronary Thrombosis Duration 14 hrs.

Due to Advanced Arterio-Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a

Of autopsy

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 J. W. Gaines (M.D. or other)

Address Richmond, Mo. Date signed 5-27-42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-14-42

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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 \_\_\_\_\_  
J.B. Brothers, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Brothers Funeral Home

J.B. Brothers  
Licensed Embalmer No. 3001

P. O. Address Richmond 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.