

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

BUREAU OF THE CENTRAL

STANDARD CERTIFICATE OF DEATH

FILED JUL 15 1942

State File No. ....

Registration District No. 837

Primary Registration District No. 4508

Registrar's No. ....

1030  
020  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Bloomfield  
(If outside city or town limits, write "RURAL" and name of township)

(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 years, months or days)

In this community Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard

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

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

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah F. Deason

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 Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 26, 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>8</u>	hr. min.

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

10. Usual occupation Housewife

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

12. Name Ambrose Bryant

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

14. Maiden name Nancey Owen

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

16. (a) Informant Miss. Addie Deason

(b) Address Bloomfield, Mo.

17. (a) Burial (b) Date thereof 6-6-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bloomfield Cemetery

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) June 9, 1942 (b) Pearl Elmore  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4, year 1942 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 3, 1942 to June 4, 1942 that I last saw her alive on June 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 1 day

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

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

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

Major findings: Of operations \_\_\_\_\_

Of autopsy None

PHYSICIAN J. Za  
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) Means of injury \_\_\_\_\_

23. Signature J. Za (M. D. or other) \_\_\_\_\_

Address Bloomfield, Mo. Date signed 6/8/42

1130

RECEIVED

District Health Office No. 2

District File Number 742-961

Date Filed JUL 13 1942

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 *Lulu Cooper*

Licensed Embalmer No. *3499*

P. O. Address *Bloomfield, 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.