V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26971

Registration District No. 15 Primary Registration District No. 4138 Registrar's No. 41

1. PLACE OF DEATH:

(a) County CLINTON

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 8 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County CLINTON

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

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

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sarah Josephine Joe.

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 Dec. 19 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 5 If less than one day hr. min.

9. Birthplace KABAIR CO. MISSOURI 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business Home.

FATHER
12. Name SIMON COURTNEY.
13. Birthplace UNKNOWN. MO. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CATHERINE HATTON
15. Birthplace UNKNOWN MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. RAY WEBB.
(b) Address LATHROP. MO.

17. (a) BURIAL (b) Date thereof AUG. 26-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation LATHROP MO.

18. (a) Signature of funeral director DeMOSS CRUNK
(b) Address LATHROP, MO

19. (a) Aug. 25, 1942 (b) Mrs. Kathleen Harris
(Date received local registrar) (Registrar's signature)

1080

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24
year 1942 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from April 3rd, 1942 to Aug 22, 1942
that I last saw her alive on Aug. 22, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocarditis (Chronic)	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93a

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

23. Signature Henry W. Perry D.O. (M.D. or other)
Address Lathrop Mo. Date signed 8/24/42

(Licensed Embalmer's Statement on Reverse Side)

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~~ DeMoss Crunk, Registered Apprentice No. ....., working under my personal supervision.

Signed DeMoss Crunk

Licensed Embalmer No. 2533

P. O. Address Lathrop, 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.