

FILED OCT 9 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30424

Do not use this space.

1. PLACE OF DEATH

(a) County Narraway Co Registration District No. 24/135
 (b) Township Grant Primary Registration District No. 4204 Registered No. 3
 (c) City Ridgeway (d) Street No. 4210 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Sarah Jane Michaelis
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Theodore Michaelis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 21, 1886</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>9</u>
	DAYS <u>19</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>9 years paper</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation <u>50 yrs</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Darlington, W. Va.</u>		
FATHER	13. NAME <u>Rotheus Scott</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ann Kreamer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Millheim, Penn</u>	
17. INFORMANT (ADDRESS) <u>Luna Young</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Joseph Mo</u> DATE <u> </u> , 19 <u> </u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>R. R. Boggs</u> <u>Ridgeway, Mo</u>		
20. FILED <u>7-9</u> 19 <u>42</u> <u>Kelli Bremer</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1942

22. I HEREBY CERTIFY, that I attended deceased from April 21, 1942, to July 10, 1942.
 I last saw her alive on July 10, 1942. Death is said to have occurred on the date stated above, at 10:25 A.M.
 The principal cause of death and related causes of importance were as follows:

Non specific acute Parotitis
Complicated with coronary atherosclerosis
 Other contributory causes of importance:
Diffuse Arterio Sclerosis

Name of operation 940 Date of
 What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) Dr. J. B. Rothmann, M. D. O.
 (Address) Ridgeway

1292 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

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.....

Licensed Embalmer No. 35-26

P. O. Address Pittsburg, 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.