

FILED NOV 10 1942

Registration District No. 43

Primary Registration District No. 4154

Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County Dade

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

(c) Name of hospital or institution:
219 Well St. /
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Russellville, Mo. 0
(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 _____ /

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Sarah Catherine George

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month October day 15
year 1942 hour 9 minute 00 A.M.

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

6. (b) Name of husband or wife Isaac M. George 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 26 1955
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 1 - 42
19 to Oct 15 - 42 1942
that I last saw him alive on Oct 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Semity Duration _____

8. AGE: Years Months Days If less than one day

87 5 19 _____ hr. _____ min.

Due to _____

Due to _____

162 h

9. Birthplace Cole County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John A. Short

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

14. Maiden name Mary Jane Vanpool

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

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant R.M. George

(b) Address Greenfield, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 10-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenfield Cemetery

(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? _____

18. (a) Signature of funeral director Ward Funeral Home

(b) Address Greenfield, Mo. (Rollins Knott)

19. (a) Oct 16 1942 (b) Phyllis Lack
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature J.H. Cowan (M. D. or other) _____

Address Greenfield Mo Date signed 12-16-42

RECEIVED

District Health Officer No. 6,

District File Number 1142-1569

Date Filed NOV 9 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 Rollins Knott

Licensed Embalmer No. 3685

P. O. Address Shanfield, 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.