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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2566

Registration District No. 157 — Primary Registration District No. 3028 — Registrar's No. 24

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 1026 Forest St. 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 Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED: 49

(a) State Missouri (b) County Jasper 1

(c) City or town Carthage 3 (If outside city or town limits, write "RURAL")

(d) Street No. 1026 Forest St. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME SARAH ANN MAXWELL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race 1 White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Wm. C. Maxwell

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Oct. (Month) 14, (Day) 1856 (Year)

8. AGE: Years 86 | Months 3 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Jasper County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name David Landers
13. Birthplace X (City, town, or county) Ky. 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Whitehead 1
15. Birthplace X. (City, town, or county) So. Carolina (State or foreign country)

16. (a) Informant Miss Emma Maxwell

(b) Address 1026 Forest St. Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29 '43 (Month) (Day) (Year)

(c) Place: burial or cremation Avilla Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison Ave., Carthage, Mo.

19. (a) Jan. 28 '43 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26, year 1943 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from Jan 25, 1943, to Jan 26, 1943 that I last saw her alive on Jan 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chronic auricular fibrillation

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

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 Emory J McIntire (M. D. or other) MD

Address Carthage Mo Date signed JAN 1943 28

1203

(Licensed Embalmer's Statement on Reverse Side)

#3-1-36

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.....2222

P. O. Address.....Carthage

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.