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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3:25 PM
State File No. 3107
Registrar's No. 10

FILED FEB 5 1943

Registration District No. 274

Primary Registration District No. 5921

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Sweet Springs Rural
(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 42 years
In this community 42 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME SABRA LAURA WEDDE
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
6. (b) Name of husband or wife B. F. Wedde - Sr.
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased September 17 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 23
If less than one day — hr. — min.

9. Birthplace Flay County Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business at home

12. Name Jefferson Maberry
13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Leont know
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E. F. LaRue
(b) Address Sweet Springs Mo

17. (a) Burial (b) Date of death 1-12-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion

18. (a) Signature of funeral director Jesse H. Harker
(b) Address Sweet Springs Mo

19. (a) 1-11-43 (b) Paula M. Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk
(c) City or town Sweet Springs
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 10
year 1943 hour 3 minute 25 P. M.
21. I hereby certify that I attended the deceased from Aug 3
1942 to Jan 10 1943
that I last saw her alive on Jan 10
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
arterio-sclerosis

Due to 93
Due to 93
Other conditions age
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

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?
farm
While at work? — (Specify type of place) (e) Means of injury —
23. Signature J. H. Hale D.O. (M.D. or other)
Address Sweet Springs Date signed 1-11-43

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-4-43

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

Jesse Harvey

Licensed Embalmer No. 2214

P. O. Address Sweet Springs, 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.