

No. 2  
-13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3144

FILED FEB 11 1943  
Registration District No. 278

Primary Registration District No. 5953

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County. Pike  
(b) City or town. R.F. of Louisiana  
(c) Name of hospital or institution. 1st Home Bldg. 2nd  
(d) Length of stay: In hospital or institution. 4 1/2  
In this community. \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 8-2  
(a) State. Mo (b) County. Pike  
(c) City or town. Rural Louisiana  
(d) Street No. RFD  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME. Sarah B Travis  
(b) If veteran, name war. ✓  
(c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 16  
year 1943 hour 5 minute 55 a.m.

4. Sex. Female 5. Color or race. White  
6. (a) Single 2 divorced 1 widowed 1  
(b) Name of husband or wife. \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from Jan 15 1943 to Jan 16 1943  
that I last saw her alive on Jan 15 1943  
and that death occurred on the date and hour stated above.

7. Birth date of deceased March 13 - 1859  
(Month) (Day) (Year)

Immediate cause of death Apoplexy Duration 1 day  
Due to \_\_\_\_\_

8. AGE: Years 83 Months 10 Days 3  
If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

Due to Hypertension

9. Birthplace. Pike Co Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation. Homr  
11. Industry or business \_\_\_\_\_  
12. Name James S Henderson  
13. Birthplace Pike Co Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy A Arthur  
15. Birthplace Pike Co Mo  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations JSA  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant. Mrs Chas Sissen  
(b) Address. Louisiana Mo  
17. (a) Interment (b) Date thereof 4/18/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. Tauxen Pike Co Mo  
18. (a) Signature of funeral director. J. H. H. H.  
(b) Address. Louisiana Mo  
19. (a) 1/17/43 (b) J. H. H. H.  
(Date received local registrar) (Registrar's signature)

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3  
23. Signature J. M. Mathews (M.D. or other) MD  
Address Bowling Green Mo Date signed 1/16/43

Dr Matthews

RECEIVED

District Health Officer No. 10

District File Number 2-43-200

Date Filed FEB 9 1943

N  
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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.....

*George O. Hagner*

..... Registered Apprentice No. ....

working under my personal supervision.

Signed *George O. Hagner*.....

Licensed Embalmer No. 3773

P. O. Address Louisiana 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.