

S. No. 2
M-5-42
5-17-39
x3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9583

State File No.

FILED APR 8 1943

Registration District No. 5126

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Buchanan,

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

(c) Name of hospital or institution:
Halleck, Missouri,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 11 years, _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan

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

(d) Street No. Halleck, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Elizabeth Cawley,

3. (b) If veteran, name war None, 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Silas G. Cawley 6. (c) Age of husband or wife if alive 91 years

7. Birth date of deceased January 20th, 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>1</u>	<u>18</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {

12. Name Tillman H. Harper,

13. Birthplace Unknown, Tennessee,
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Ferrell

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

16. (a) Informant Silas T. Cawley

(b) Address Halleck, Missouri,

17. (a) Burial (b) Date thereof 3/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Halleck Cemetery,

18. (a) Signature of funeral director Walter B. ...

(b) Address St. Joseph, Mo.

19. (a) 3/11/43 (b) Opal ...
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th.
year 1943 hour 4:00 minute 05 p.m.

21. I hereby certify that I attended the deceased from March 7th, 1943 to March 9, 1943
that I last saw her alive on March 8th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia 2 days

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place)

(c), Means of injury _____

23. Signature S. L. ... (M. D. or other)
Address Dearborn, Mo. Date signed 3/11/43

1227

JUN 1 1943

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

3/8/43

Registered Apprentice No. ✓

working under my personal supervision.

Signed

Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, 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.