

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11051

State File No. ....

Registrar's No. 28

FILED APR 8 1943  
Registration District No. 273

Primary Registration District No. 5918

1. PLACE OF DEATH:

(a) County Perry  
(b) City or town Crosstown  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Salem Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Sarah Elizabeth Venable

3. (b) If veteran, name war

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 John R. Venable  
6. (c) Age of husband 79 years  
7. Birth date of deceased March 19, 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 11 23 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER  
12. Name John Z. Farrar  
13. Birthplace Perry County, Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha C. Venable  
15. Birthplace Perry County, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant John R. Venable

(b) Address Crosstown, Mo.

17. (a) Burial (b) Date thereof March 14, 1943  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial York Chapel Cemetery

18. (a) Signature of funeral director W. J. Miller

(b) Address Perryville, Mo.

19. (a) 3-12-1943 (b) John R. Venable  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry  
(c) City or town Crosstown  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12,  
year 1943 hour 12:10 minute P.M.

21. I hereby certify that I attended the deceased from Feb. 1st 1943 to Mar 12 1943  
that I last saw her alive on Mar 1st 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Creeping Paralysis

Due to Arterio Sclerosis

Due to Paroxysmal Uremic Poisoning

Other conditions Past Bacterial Pneumonia  
(Include pregnancy within 3 months of death)

Major findings: Of operations 8211

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature W. J. Miller (M. D. or other)

Address Perryville, Mo. Date signed 3/12/43

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

FILE NO.

District Health Officer No. 4

District File Number 443-202

Date Filed 4-7-43

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3866

P. O. Address Perryville, 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.