

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14179

State File No.

Registrar's No.

46

35
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0

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

FILED APR 19 1943

Registration District No.

Primary Registration District No.

52423

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Senath, Mo. Rural
(c) Name of hospital or institution: Salem Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Sarah Dianah Abney

3. (b) If veteran, name war

No

3. (c) Social Security No.

No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married Divorced, widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased October 24 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 0 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business none

12. Name Don't Know

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

14. Maiden name Don't Know

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

16. (a) Informant E. N. Abney

(b) Address Holland, Missouri

17. (a) Removal (b) Date thereof 3/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deasant Grove Cemetery, Pictor, Arkansas

18. (a) Signature of funeral director German, Undt & Co

(b) Address Steele, Mo. Box 131

19. (a) 3-28-1943 (b) St. Joseph
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1943 hour 1:45 minute P.M.

21. I hereby certify that I attended the deceased from March 23 1943 to March 24 1943
that I last saw her alive on March 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death General paralysis Duration 37 hrs

Due to

Due to

Other conditions (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?

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

23. Signature Robert E. Martin (M. D. or other)

Address Senath, Missouri Date signed 3-25-43

1276

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 443-521

Date Filed 4-15-48

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.....

P. O. Address.....

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.