

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

15174
Do not use this space.

MAY 10 1943

1. PLACE OF DEATH

(a) County PAV Registration District No. 298
 (b) Township POLK Primary Registration District No. 602X
 (c) City Russell (d) Street No. 1 St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SAIRAH JANE GLEUENGER

(a) Residence, No. _____ St. (If nonresident, give city or town and State) PAV, Mo.
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE 1 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 2 Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jesse Cleaver
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-28-1854
 7. AGE YEARS 88 MONTHS 6 DAYS 11 If LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 1

FATHER 13. NAME Westhafer Booy
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME Elizabeth Graham
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

17. INFORMANT Alex Cleaver (ADDRESS) Lawson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE April 13 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Farman - (Richard) Lawson, Mo.

20. FILED 412 1943 PA Black Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 1943

22. I HEREBY CERTIFY, That I attended deceased from April 8 1943 to April 9 1943
 I last saw her alive on April 9 1943 Death is said to have occurred on the date stated above, at 1:15A m.
 The principal cause of death and related causes of importance were as follows:

Senility - Arteriosclerosis
Essential Hypertension
Chronic Myocardial Cardiac Failure.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Denial Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____, M. D.
 (Signed) Oliver Buehler
 (Address) Lawson Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

89
0
0

116

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-7-42

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 Claude Prichard

Licensed Embalmer No. 2751

P. O. Address Excelsior 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, above space should be left blank.