24803

No. 2
1-2-43
5-17-3
X3389

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 7 1943

Registration District No. 24766 Primary Registration District No. 5339 5350 Registrar's No. 66

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

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Urbana Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dallas 30
(c) City or town Urbana
(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

3. (a) PRINT FULL NAME Margaret F. Sartwell
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Pulaski Sartwell
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 30 (Day) 1853 (Year)
8. AGE: Years 89 Months 6 Days 19 If less than one day hr. min.
9. Birthplace Urbana (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name William Hardison
13. Birthplace Knoxville (City, town, or county) Tenn. (State or foreign country)
MOTHER 14. Maiden name Sally Ethridge
15. Birthplace Urbana (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Guy Sartwell
(b) Address Urbana Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation Porter Chapel
18. (a) Signature of funeral director L. B. Jones
(b) Address Buffalo Mo.
19. (a) 5-25-1943 (Date received local registrar) (b) Helen Daniel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19 year 1943 hour 12 minute P M.
21. I hereby certify that I attended the deceased from 12/4 1942 to 12/19 1943 that I last saw alive on 12/14 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coma	
Infarcti Myocard Chronic	
Due to Hypertension Chronic Nephr	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

55d

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

23. Signature L. A. Klose (M. D. or other) MD
Address Urbana Mo Date signed 12/20/43

11 X 7

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-43-155
Date Filed 8-6-42

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.....

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.