

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43343

FILED JAN 6 1944

Registration District No. 23/

Primary Registration District No. 3811

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Rural Montgomery
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr (Specify whether
In this community 1 yr (Specify whether
years, months or days)

3. (a) PRINT Sarah Catherine Baimbridge
FULL NAME

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 2

6. (b) Name of husband or wife Chas Bambridge 6. (c) Age of husband or wife if alive Decd years

7. Birth date of deceased 2-19-1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 9 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

12. Name Robert Graham

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

14. Maiden name Clark

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

16. (a) Informant Carter Powell

(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 12-29-43ry
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) 12-29-43 (b) Miss C. A. Anderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles west
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28
year 1943 hour 4 minute 15 a. m.

21. I hereby certify that I attended the deceased from
Dec. 18 43 to Dec. 28 43
that I last saw her alive on Dec. 26 43
and that death occurred on the date and hour stated above.

Immediate cause of death. Cardiac decompensation Duration 4 days

Due to Myocardial degeneration

Due to Primary bronchial pneumonia 10 days

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 A. H. Van Audale (M. D. or other)

Address Montgomery City, Mo. Date signed 12-29-43

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 on the 28 th
day of Dec 1943, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

C. W. Hopkins
C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.