

FILED FEB 15 1944

Registration District No. 297

Primary Registration District No. 6020446

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Hardin  
(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 5 months (Specify whether years, months or days)  
In this community 5 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell  
(c) City or town Braymer  
(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 Sarah Ann Else

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Edward H. Else 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased May 20th 1858  
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 24 If less than one day hr. min.

9. Birthplace Caldwell Co Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name John Harding

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

14. Maiden name Elizabeth Smith

15. Birthplace Caldwell Co Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ed. McBee

(b) Address Braymer, Missouri

17. (a) Burial (b) Date thereof 1/16/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black Oak Cem

18. (a) Signature of funeral director Funeral Home

(b) Address Braymer, Missouri

19. (a) 1-14-44 (b) Mrs. Sarah Shipp  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day Jan.  
year 1944 hour 10 minute 00 a. M.

21. I hereby certify that I attended the deceased from Oct 1 1944, to Jan 14 1944.  
that I last saw her alive on Jan 13 1944.  
and that death occurred on the date and hour stated above.  
Immediate cause of death Influenza

Due to Arthritis  
Arterio-Sclerosis

Due to /  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 33a  
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 Marion Grims (M. D., physician)  
Address Hardin, Mo. Date signed 1/14/44

Duration 10 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

89  
0  
0

1280

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-14-47

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 *Samuel J. Mead*

Licensed Embalmer No. 2801

P. O. Address. Braymer, Missouri

**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.**