No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7164

FILED FEB 21 1944

Registration District No. 320 128

Primary Registration District No. 54-59 (Ann.)

Registrar's No.

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town SpringField (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community all her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County GREENE 3

(c) City or town SpringField (If outside city or town limits, write "RURAL") 2

(d) Street No. 870 N. CAMPBELL (If rural, give location) 6

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Sarah JANE Elliott

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W 1

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife

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

7. Birth date of deceased SEPT. (Month) 7 (Day) 1869 (Year)

8. AGE: Years 75 Months 4 Days 18 If less than one day hr. min.

9. Birthplace GREENE COUNTY (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name ISSAC J. RAMSEY 1
13. Birthplace (City, town, or county) TENNESSEE (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant GORDON HAYNIE

(b) Address: Bio's D'Arc

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26 1944 (Month) (Day) (Year)

(c) Place: burial or cremation CLEAR CREEK

18. (a) Signature of funeral director F. C. Thieme

(b) Address 1100 BOONVILLE

19. (a) Jan 25 1944 (Date received local registrar) (b) Jewell Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 25th year 1944 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw her alive on Jan 25th 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of The Duodenum	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46c

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? 2 (Specify type of place)

While at work? (e) Means of injury

23. Signature R. C. Mitchell D.O. (M.D. or other)

Address Republic Mo. Date signed

984

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File No. 44-2-22
Date Filed 2-27-44

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.