

FILED MAR 8 1944 274

State File No.

Registration District No.

Primary Registration District No. 3052

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Pettis

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

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

(d) Length of stay: In hospital or institution 25 days
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County PETTIS

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

(d) Street No. 104 W JEFFERSON
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Sarah Elizabeth Erwin

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

6. (c) Age of husband or wife if alive 1865 years

7. Birth date of deceased Sept. 3 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 5 7 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Geo. M. Erwin

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

14. Maiden name Martha E. Ramey

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

16. (a) Informant Tom Beaman

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 2/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia

19. (a) 2-11-44 (b) Jos Anna Burger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1944 day 10
year 1944 hour 12 Noon M.

21. I hereby certify that I attended the deceased from Jan 26 1944 to Feb 10 1944
that I last saw her alive on Feb 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 24 hrs.

Due to Arterio Sclerosis 4 years

Due to

Other conditions Ch. Bronchitis & Hypertension & Myocardial Infarction

Physician 1310

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?

While at work? (Specify type of place)

(a) Means of injury

23. Signature Frank B. Long (M. D. or other) M.D.
Address Sedalia, Mo. Date signed 2-11-44

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

70
6
4

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-7-47

MAR 20 1947

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 Geo. Dillard
Licensed Embalmer No. 3868
P. O. Address Sedalia

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.