

FILED MAR 16 1944

State File No.

Registration District No. 13

Primary Registration District No. 4026

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Purdy
(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
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barry
(c) City or town Purdy
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Imagine McEraw

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Jacob McEraw 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 20 1852
(Month) (Day) (Year)

8. AGE: Years 91 Months 11 Days 19 If less than one day
hr. _____ min. _____

9. Birthplace Ark. P
(City, town, or county) (State or foreign country)

10. Usual occupation Head wife

11. Industry or business _____

MOTHER FATHER
12. Name Jessie W. Aldersen
13. Birthplace Penn.!
(City, town, or county) (State or foreign country)
14. Maiden name Lavonia Williams
15. Birthplace Ark.!
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie W. McEraw

(b) Address Purdy, Mo.

17. (a) Burial (b) Date thereof Feb 13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crematorium

18. (a) Signature of funeral director Blancher

(b) Address Memphis & Purdy

19. (a) Feb 13 1944 (b) Audna Walloughley
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1944 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from 3rd 1944 to Feb 10 1944
that I last saw him alive on Feb 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days
Due to arteriosclerosis

Due to _____
Other conditions 830
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 J. B. Baldwin (M.D. or other)
Address Purdy, Mo. Date signed 2-12-44

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

1320

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 344-302

Date Filed MAR 14 1944

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 L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Meritt, 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.