

FILED APR 6 1944

State File No. ....

Registration District No. ....

Primary Registration District No. 3012

Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Springs, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Excelsior Springs Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town Excelsior Springs,  
(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 Elizabeth Gustine

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband William Gustine 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: October 6th 1872  
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 9 If less than one day  
hr. \_\_\_\_\_ min \_\_\_\_\_

9. Birthplace Louisville Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Thomas Warmoth

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Dicie Waring

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Marie B. Whitman

(b) Address San Francisco Cal

17. (a) Burial (b) Date thereof 3-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs, Mo.

19. (a) 3-20-44 (b) Mrs. Sadie Redman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15  
year 1944 hour 8 A minute A M.

21. I hereby certify that I attended the deceased from Feb. 27  
1944 to Mar 15 1944  
that I last saw her alive on Mar 15 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza - Pneumonia Duration 17 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 0

Of autopsy 0 330

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) (2) Means of injury MO

23. Signature: SRM Crocker (M. D. or other) MD

Address Excelsior Springs Mo Date signed 3-17-44

AUG 24 1944

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-5-47

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 Earl Rapp

Licensed Embalmer No. 23458

P. O. Address Ex. 392 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.