

FILED MAY 9 1944

Registration District No. 219

Primary Registration District No. 5791

Registrar's No. 1

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Russellville Rural
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town Russellville Rural
(If outside city or town limits, write "RURAL")

(d) Length of stay: In hospital or institution _____
In this community all her life (Specify whether years, months or days)

(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

8. (a) PRINT FULL NAME SARAH E. DAMPF
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APR day 17
year 1944 hour 10 minute 30 P. M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married 2 divorced widowed
6. (b) Name of husband Husband Dampf 6. (c) Age of husband or wife If alive _____ years
7. Birth date of deceased APR 7 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr. 17 1944 to Apr. 17 1944
that I last saw her ex alive on Apr. 17 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Acute Myocarditis Duration 1 day

8. AGE: Years 83 Months 0 Days 7
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

Other conditions (Include pregnancy within 8 months of death) 93a

10. Usual occupation Nurse Wife

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Newton Cipling
18. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Stark
16. Birthplace MO.
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

18. (a) Informant Mrs John Hantley
(b) Address Idalia Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 4-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation ENLDF. C.F.M.

18. (a) Signature of funeral director [Signature]
(b) Address Russellville Mo.

While at work? _____ (Specify type of place)
(d) Means of injury _____
28. Signature Walter L. Leslie (M. D. or other) _____
Address Russellville Mo Date signed 4-19-44

19. (a) April 19 1944 (b) W. E. W. Plummer
(Date received local registrar) (Registrar's signature)

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

FEB 7 1958

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 5-8-44

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 *G. M. Stephens*

Licensed Embalmer No. 2307

P. O. Address *Russellville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.