

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

2  
43  
39  
35697

15481

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 11 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 278

Primary Registration District No. 2054

1. PLACE OF DEATH:

(a) County Pike

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

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

(d) Length of stay: In hospital or institution 4 days (Specify whether  
in this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

(c) City or town Louisiana  
(If outside city or town limits, write "RURAL") 1

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

3. (a) PRINT FULL NAME MRS SARAH M ARTHUR

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14  
year 1944 hour 11 minute 30 PM.

21. I hereby certify that I attended the deceased from  
April 10 1944 to Apr 14 1944  
that I last saw her alive on Apr 14 1944  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, (married) divorced 21

6. (b) Name of husband or wife Joe Arthur

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased: MARCH 15 1864  
(Month) (Day) (Year)

Immediate cause of death:  
Lobar Pneumonia 57  
Senile Condition 2 days

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

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

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

80 0 29 hr. min.

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

Other conditions (Include pregnancy within 3 months of death):  
108

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

10. Usual occupation housewife

11. Industry or business none

12. Name Frankie Mariman

13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know  
(City, town, or county) (State or foreign country)

15. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Prillee Burbridge (son)

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof 4/16-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverway Cemetery

18. (a) Signature of funeral director J. Henry W

(b) Address Louisiana Mo

19. (a) Apr 15-44 (b) J. Henry W  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury \_\_\_\_\_

23. Signature A. Pearson (M. D. or other) \_\_\_\_\_  
Address Louisiana Mo Date signed 4/16/44

RECEIVED

District Health Officer No. 10

District File Number 5-44-939

Date Filed MAY 10 1911

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

*George O. Wagner*

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *George O. Wagner*

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.