

S. No. 2  
M-5-43  
5-17-39  
1 X36671

State File No. ....

FILED JUN 9 1944

Registration District No. ....

Primary Registration District No. 5154

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Caldwell

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 80 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell 13

(c) City or town Rural  
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Sarah Ann Chivens

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color of race W

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

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

7. Birth date of deceased January 26 1851.  
(Month) (Day) (Year)

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

93 2 10 hr. min.

9. Birthplace Argos Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Christian Alleman

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

14. Maiden name Sarah Stonebrook

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

16. (a) Informant Lewis E. Moffet

(b) Address Polo, Mo. V-R-1

17. (a) Burial (b) Date thereof 4-7-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mirabile Cemetery

18. (a) Signature of funeral director Cramer Clark

(b) Address Kingston, Missouri

19. (a) May 7-44 (b) Orville J. Smith  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5  
year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 20, 1944, to April 5, 1944  
that I last saw her alive on March 5, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Exhaustion  
Duration 4 days

Due to Lobar Pneumonia 10 days

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 108

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature C. W. Wilson MD (M. D. or other) \_\_\_\_\_  
Address Polo Mo Date signed 4-6-44

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

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MOTHER FATHER

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**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..... *Cramer Clark* .....

Licensed Embalmer No. *3257* .....

P. O. Address.....

**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.**