. No. 2
8-43
5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1944

Registration District No. 72

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5289

State File No. 30731

Registrar's No. 94

1. PLACE OF DEATH:
(a) County: CLAY
(b) City or town: NORTH-KAN CITY MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: AT-HOME-RR # 8
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / (Specify whether
In this community: 6 WEEKS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: CLAY 24
(c) City or town: NORTH-KAN-CITY MO 0 0
(If outside city or town limits, write "RURAL")
(d) Street No.: RR # 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: SARAH-ELIZABETH-BLACKBURN
3. (b) If veteran, name war:
3. (c) Social Security No.: NONE
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOW
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: MAY (Month) 15 (Day) 1858 (Year)
8. AGE: Years 86 Months 3 Days 22 If less than one day hr. min.
9. Birthplace: NEW SHARON (City, town, or county) IOWA (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business:
FATHER 12. Name: MILTON SWENY
FATHER 13. Birthplace: UNKNOWN (City, town, or county) OHIO (State or foreign country)
MOTHER 14. Maiden name: SARAH WILKERSON
MOTHER 15. Birthplace: UNKNOWN (City, town, or county) OHIO (State or foreign country)
16. (a) Informant: MRS. W.A. GOODWIN
(b) Address: RR # 8-NO-KAN CITY MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 9-9-44 (Month) (Day) (Year)
(c) Place: burial or cremation: MT-MORIAH-CEM
18. (a) Signature of funeral director: MORTON-FUNERAL H
(b) Address: NO-KAN-CITY MO
19. (a) Sept 7-1944 (Date received local registrar) (b) Ruth N Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6th year 1944 hour 3:00 minute 30 P.M.
21. I hereby certify that I attended the deceased from 7 AM Sept 6th, 1944 to 3:30 PM Sept 6 1944 that I last saw her alive on 9-6-44, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Complete Cardiac and Respiratory failure — Duration
Due to: Chronic Myocarditis
Due to:
Other conditions: Double Hernia
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

928

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: C B Curry (M.D. or other) DO
Address: Avondale Mo Date signed 9-6-44

1021 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9-23-44

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 John S. Morton

Licensed Embalmer No. 4349

P. O. Address March Ro 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.