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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34941

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 167

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: St Francis Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison 3

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

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

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Sarah Ellen Teague

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Henry Teague

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

7. Birth date of deceased Aug (Month) 29th (Day) 1858 (Year)

8. AGE: Years 86 Months 2 Days 1 If less than one day hr. min.

9. Birthplace UNKNOWN (City, town, or county) Nebraska (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm Steele 9
13. Birthplace Unknown (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) UNKNOWN (State or foreign country)

16. (a) Informant Jack Teague

(b) Address Westboro, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) 2 (Day) 44 (Year)

(c) Place: burial or cremation Walden Grove

18. (a) Signature of funeral director Scott Tucker

(b) Address Westboro Missouri

19. (a) Nov. 2-44 (Date received local registrar) (b) Amy Barber (Registrar's signature)

1344

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30th year 1944 hour minute — M.

21. I hereby certify that I attended the deceased from Oct. 23 '44 19 to Oct. 30-1944 19; that I last saw her alive on Oct. 30-1944 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Bronchiectasis Chronic Miliary

Due to Pulmonary Tuberculosis

Due to

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

Major findings:
Of operations
Of autopsy

Duration

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 Chas. T. Bell, Dr. (M. D. or other) M.D.

Address Maryville, Mo. Date signed Nov 1-1944

(Licensed Embalmer's Statement on Reverse Side)

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

Scott Tucker, Registered Apprentice No.

working under my personal supervision.

Signed Scott Tucker

Licensed Embalmer No. 2359

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, above space should be left blank.