

FILED NOV 25 1944

Registration District No. **4450**

Registrar's No. **2002**

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

1. PLACE OF DEATH:
(a) County Ripley
(b) City or town Douglas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 54 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah Louan
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Tom Louan 6. (c) Age of husband or wife if alive 86 years
7. Birth date of deceased Sept. 9 1858
(Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name unknown
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Louan
(b) Address Douglas Mo.

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

(c) Place: burial or cremation Oak Ridge Cem.

18. (a) Signature of funeral director Blackie Martiny
(b) Address Douglas Mo.

19. (a) 11-21-44 (b) E. B. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Ripley
(c) City or town Douglas
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
year 1944 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from September 7 1944 to October 2 1944
that I last saw him alive on October 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endo-Carditis Duration _____

Due to years of Arthritis and rheumatism

Due to Had broken hip 10 days before death

Other conditions (Include symptoms within 5 months of death)
Major findings: ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
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?

(Specify type of place) While at work? (b) Means of injury fall

23. Signature Edw. Casanova (M. D. number) _____
Address Douglas, Mo. Date signed 10-2-44

674

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

Florence A Beary, Registered Apprentice No. *372*
working under my personal supervision.

Signed *H. G. M. Erable*

Licensed Embalmer No. *3712*

P. O. Address *Prohantolok*

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.

Registration District No. 301 Primary Registration District No. 4450

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Doniphan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Sarah Lonon

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Sept 7 (Month) (Day) (Year)

8. AGE: Years 86 Months 1 Days _____ (If less than one day, _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day _____ year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19 _____

that I last saw him/her alive on _____, 19 _____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions. (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 10 days before death

(c) Where did injury occur? Home on Doniphan (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. Edw. Adamson (M. D. or other) _____

Address Doniphan, Mo Date signed 11-29-44

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

SUPPLEMENTARY

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

38634