S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 2 1945

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 41715

Registration District No. 242 Primary Registration District No. 4362 Registrar's No.

**1. PLACE OF DEATH:**

(a) County New Madrid

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

(c) Name of hospital or institution: none (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 years. (Specify whether In this community 7 years. years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County New Madrid

(c) City or town Rural. (If outside city or town limits, write "RURAL") 72

(d) Street No. Rural. (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME Sarah Elizebeth Taylor

3. (b) If veteran, name war none

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 Dead years

7. Birth date of deceased August (Month) 30 (Day) 1852 (Year)

8. AGE: Years 91. Months 8 Days 72 If less than one day — hr. min.

9. Birthplace Green Co PA. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business none

FATHER
12. Name Angelina Reinhardt.
13. Birthplace Green Co. Pa. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Henry Funk.
15. Birthplace Green Co. Pa. (City, town, or county) (State or foreign country)

16. (a) Informant W. B.

(b) Address Morehouse Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Pomphon

18. (a) Signature of funeral director Arville Taylor

(b) Address Sikeston Mo.

19. (a) June 5, 1944 (Date received local registrar) Mae Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 22. year 1944 hour 5 minute 10. M.

21. I hereby certify that I attended the deceased from May - 9 - 1944, to May - 22 - 1944 that I last saw her alive on May - 22 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bowels.

Due to age.

Due to 46

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none.

Of autopsy none.

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) none.

(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 H Pease (M. D. or other)

Address Morehouse Mo Date signed 5-23-44

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(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**