

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

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 9 wks

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper 47

(c) City or town Sarcovie
(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 _____

3. (a) PRINT FULL NAME Sarah Elizabeth Robertson

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

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife George Robertson 6. (c) Age of husband or wife, if alive blond years

7. Birth date of deceased Nov 24 1852
(Month) (Day) (Year)

8. AGE: Years 92 Months 0 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Zanesville Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jerse Wilson

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Belle Carl
(b) Address Sarcovie, Mo.

17. (a) Burial (b) Date thereof Dec 5 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bludman Cem.

18. (a) Signature of funeral director Max P. Fossett
(b) Address Sarcovie, Mo.

19. (a) 12/4/44 (b) Roland Engle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1944 hour 4:00 minute 00 P. M.

21. I hereby certify that I attended the deceased from 11-27, 1944 to 12-2, 1944
that I last saw her alive on 12-2, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia
Duration 5 days

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) III C

Major findings: 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) Nature of injury _____

23. Signature M. B. Carl (M. D. or other) _____
Address Sarcovie Mo Date signed 12-4-44

44-12-1103

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Sarcomie 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.