

Registration District No. 297

Primary Registration District No. 6020 4446

State File No. \_\_\_\_\_

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Ray Co

(b) City or town Hardin Mo  
(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 5.4 years / (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME Sarah C. Carter.

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 Widowed

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

7. Birth date of deceased Sep-24 1861  
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation School Teacher & Housekeeper

11. Industry or business \_\_\_\_\_

12. Name John P. Cramer

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

14. Maiden name Mary C. Cramer

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

16. (a) Informant O. C. Trining

(b) Address Hardin, Mo.

17. (a) Burial (b) Date thereof Jan-5-45  
(Burial, cremation, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Lawless Cem.

18. (a) Signature of funeral director John W. Knepick

(b) Address Hardin Mo

19. (a) 15 1945 (b) Mrs. Sarah W. Sheppard  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Hardin  
(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 Jan 3 day \_\_\_\_\_  
year 1945 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on Dec 27, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 942

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Means of injury \_\_\_\_\_

23. Signature Carl H. Reed (M. D. number) \_\_\_\_\_  
Address Hardin Mo Date signed 1/4/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

900

1290

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1-10-75

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 me  
Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed John W. Kripschild  
Licensed Embalmer No. 2789  
P. O. Address Hardin 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.