

FILED FEB 16 1945

Registration District No. **185**

Primary Registration District No. **4300**

Registrar's No. **9**

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Laclede  
(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 21 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Laclede 9  
(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 MARGARET EVANS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24  
year 1945 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan. 1943 to Jan. 24, 1945  
that I last saw h.E.R. alive on Jan. 23, 1945  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Husband

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased Feb. 1887  
(Month) (Day) (Year)

Immediate cause of death Acute dilatation of heart

Due to Passive congestion of lungs

Due to Chronic interstitial nephritis  
Chronic myocarditis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 57 Months 11 Days 7  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Linn County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Her home

12. Name Joel Triplett

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

14. Maiden name Oliver Smith

15. Birthplace Linn County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant A. J. Evans

(b) Address \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 28 1945  
(Month) (Day) (Year)

(c) Place: burial or cremation Laclede Mo.

18. (a) Signature of funeral director Mrs. Tharrie

(b) Address Laclede, Linn Co. Mo.

19. (a) Jan. 27, 1945 (Date received local registrar) (b) Mrs. Vivian Rowland (Registrar's signature)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)

Means of injury 2

23. Signature Samuel L. Davis (M. D. or other) \_\_\_\_\_  
Address Laclede, Mo. Date signed 12745

454

OCT 6 1952

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 W. G. Thorne

Licensed Embalmer No. 2876

P. O. Address Laclede, 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.