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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9514

FILED MAR 16 1945

Registration District No. 9[illegible]

Primary Registration District No. 5343

Registrar's No.

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Rural ~~Center~~ North Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7 Miles N.W. Greenfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community 61 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29

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

(d) Street No. 7 Miles N.W. Greenfield
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SARAH E. CAMPBELL

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband or wife Clyde M.

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased February (Month) 17 (Day) 1884 (Year)

8. AGE: Years 61 | Months 0 | Days 9 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Home

11. Industry or business Home

FATHER
12. Name A. J. Martin
13. Birthplace El Dorado Springs Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Seward
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Clyde M. Campbell
(b) Address Greenfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-1-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Sam E. Sensenay Jr
(b) Address Greenfield Mo.

19. (a) 3-3-45 (Date received local registrar) (b) Kyle Kirby (Registrar's signature)

1345

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26 year 1945 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from Feb 1 - 45, 19__, to Feb 26, 1945 that I last saw h__ alive on __, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46b

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? (e) Means of injury

23. Signature W. A. Cowan (M. D. or other)

Address Greenfield Mo Date signed 2-28-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 345-243
Date Filed

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 Sam E. Senseney Jr.
Licensed Embalmer No. 4099
P. O. Address Greenfield 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.