S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37409

Registration District No. 147 Primary Registration District No. 5569 Registrar's No. 211

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 79th + K.C.S.R.R. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 71 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

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

(d) Street No. 79th + K.C.S.R.R.
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Sarah Catherine Arthur

3. (b) If veteran, name war NO

3. (c) Social Security No. none

4. Sex Fe 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife ____

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

7. Birth date of deceased Feb (Month) 19 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	7	11	____ hr. ____ min.

9. Birthplace Lebanon (City, town, or county) Ind. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name Isaac Johnson
13. Birthplace ____ (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Polly Jane Johnson
15. Birthplace Indianapolis (City, town, or county) Ind. 1 (State or foreign country)

16. (a) Informant Mrs Forest Opal Justice
(b) Address 79th + K.C.S.R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation Palestine Cemetery

18. (a) Signature of funeral director E Clark Fregent
(b) Address Raytown Mo.

19. (a) 10-3-45 (Date received local registrar) (b) Mildred Garvin (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept. day 30th
year 1945 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept. 1, 1945, to Sept. 30, 1945;
that I last saw her alive on Sept. 27, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic nephritis, Arterio Sclerosis, Cystitis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature Geo Jones (M. D. or other)
Address 80th + Paseo Date signed 10/2/45

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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 E Clark Fegert

Licensed Embalmer No. 3983

P. O. Address Raytown 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.