. S. No. 2
DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

100962

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4506

Registration District No. 11 Primary Registration District No. 5043 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Seligman Rurual
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Seligman
(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 Jane Ball
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 Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 27 (Day) 1866 (Year)

8. AGE: Years 79 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name James Faulkner
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rachel Reed
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant William A. Ball
(b) Address Seligman, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Muncey
18. (a) Signature of funeral director Culver Funeral Home
(b) Address Cassville, Missouri
19. (a) Jan 22-46 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28th year 1945 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from 9/20 45 to Dec 28, 1945
that I last saw h alive on Dec 28, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Catarrh	
Pneumonia	4 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Nephritis	Don't Know

PHYSICIAN

Major findings:
Of operations
Of autopsy 13 1/2

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) Means of injury

23. Signature H W Edmonds (M. D. or other)
Address Seligman Mo Date signed 1/4/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 146-123
Date Filed FEB 25 1946

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 Margaret Culver

Licensed Embalmer No. 4389

P. O. Address Cassville

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.