

No. 2
8-43
17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6188

State File No.

Registration District No. 155

Primary Registration District No. 5579

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Moberly Mo
(c) Name of hospital or institution Jasper Co TB Hospital
(d) Length of stay: In hospital or institution 10 mo
In this community 10 mo
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 47
(c) City or town Ananias
(d) Street No. Rte 1
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Myrtle L Sarden

3. (b) If veteran, name war
3. (c) Social Security No.

5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Widowed
6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 17 1875
(Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 24
If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name Annie (M) (F)
13. Birthplace Indit
14. Maiden name Mary Ann
15. Birthplace Ches

16. (a) Informant Mrs Ted Godsey
(b) Address R# 1 Ananias Mo

17. (a) Burial (b) Date thereof Feb 14 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cem

18. (a) Signature of funeral director W. H. City W. H. Co
(b) Address W. H. City W. H. Co

19. (a) FEB. 12; 46 (b) J. L. Pritchard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10
year 1946 hour 9 minute 30a M.

21. I hereby certify that I attended the deceased from Aug 10 1944 to Feb 10 1946
that I last saw her alive on Feb 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

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?
(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

Signature J. W. Douglas (M. D.)
Address W. H. City Mo Date signed 2/11/46

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

131

46-2-172

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 Myself,

....., Registered Apprentice No.

working under my personal supervision.

Signed

Rayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City 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.