No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8238

Registration District No. 340 Primary Registration District No. 6152 Registrar's No. 4

1. PLACE OF DEATH:

(a) County: Stoddard
(b) City or town: Rural (If outside city or town limits, write "RURAL" and name of township) Liberty Twp
(c) Name of hospital or institution: 2 miles SE of Bernie, Missouri (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community: Practically entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Stoddard
(c) City or town: Bernie Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Bernie Mo. R#1 (If rural, give location)
(e) Citizen ~~of foreign~~ country? Bernie Mo ~~(Yes or No)~~
If yes, name country: Bernie Mo

3. (a) PRINT FULL NAME: Sarah Eveline McGowan

3. (b) If veteran, name war: ____

3. (c) Social Security No.: None

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: March (Month) 15 (Day) 1871 (Year)

8. AGE: Years 74 Months 11 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)

10. Usual occupation: house wife

11. Industry or business: ____

FATHER
12. Name: Jack Mathis
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant: Charles McGowan
(b) Address: Bernie - Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/22/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Stevens Cemetary

18. (a) Signature of funeral director: Albert E. Drum
(b) Address: Bernie - Mo.

19. (a) 2-28-46 (Date received local registrar) (b) Carlie Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 21 year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-14- 1946 to 2-18- 1946 that I last saw her alive on 2-18- 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Infirmities of Old age	1 Week
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? —
While at work? — (Specify type of place) (e) Means of injury —

23. Signature: Dawsey, Ryan (M. D. ~~or other~~)
Address: Bernie Mo. Date signed 2-25-46

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2
District File Number 346-344
Date Filed 3/7/46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.