. S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17103

Registration District No. 169 Primary Registration District No. 4262 Registrar's No. 41

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

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Edina (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mrs. R. F. Lewis, Residence since (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 d March 1946 (Specify whether In this community years, months or days) Life, Knox County Mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52

(c) City or town Knox City 0 (If outside city or town limits write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Sarah Margaret Jarvis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F1

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 10 (Day) 1863 (Year)

8. AGE: Years 83 Months 2 Days 5 If less than one day hr. min.

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

10. Usual occupation Teacher 38 yrs.

11. Industry or business

FATHER
12. Name Lorenza Jarvis
13. Birthplace (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Delilah Foley
15. Birthplace (City, town, or county) Penn (State or foreign country)

16. (a) Informant Mrs. R. F. Lewis

(b) Address Edina Missouri

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

(c) Place: burial or cremation Knox City Mo

18. (a) Signature of funeral director Keith Hunter

(b) Address Edina Missouri

19. (a) May 20-46 (Date received local registrar) (b) Nelle S. Hunter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1946 hour 9 minute 45 P M.

21. I hereby certify that I attended the deceased from May 12, 1946, to May 15, 1946; that I last saw her alive on May 15, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma (Unknown)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 55	
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 C. C. Gibson (M. D. or other)

Address Edina Mo Date signed 5/1-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-46-123
Date Filed JUN 13 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 _____

Licensed Embalmer No. 2415

P. O. Address Edina, Minn.

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, above space should be left blank.