DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1946

Registration District No. 141

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33388

Primary Registration District No. 3025

Registrar's No. 95

1. PLACE OF DEATH:

(a) County: Howell

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

(c) Name of hospital or institution: Christi Hogan Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Shannon 101

(c) City or town: Birch Tree
(If outside city or town limits, write "RURAL") 0

(d) Street No. 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Dolly Dimple Sartin

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: Married

6. (b) Name of husband or wife: George Sartin

6. (c) Age of husband or wife if alive: 27 years

7. Birth date of deceased: December (Month) 16 (Day) 1917 (Year)

8. AGE: Years	Months	Days	If less than one day
28	9	11	hr. min.

9. Birthplace: Mountain Grove (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Grant Raney
13. Birthplace: Mountain Grove (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name: Mary Holman
15. Birthplace: Mountain Grove (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: George Sartin

(b) Address: Birch Tree Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/29/1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Lone Star Cemetery

18. (a) Signature of funeral director: [illegible]

(b) Address: Mountain Grove Missouri

19. (a) Nov 1 1946 (Date received local registrar) (b) Beatrice Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 27 year 1946 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from 9/23 1946 to 9/27 1946 that I last saw her alive on 9/27 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis	
Due to: Infection of Uterus complicating Placenta Previa	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: Placenta Previa with infection of lower part of uterus.

Of autopsy: none

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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: 0

23. Signature: [illegible] (M.D.)

Address: West Plains, Missouri Date signed 10/28/46

379 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 1146607
Date Filed 11-13-46

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, [redacted] ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plain

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. nov

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 95

1. PLACE OF DEATH:

(a) County Howell

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

(c) Name of hospital or institution: Christa Hogan Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon

(c) City or town Birch Tree
(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 Dolly D. Sartin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife George Sartin

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Dec (Month) 16 (Day) 1917 (Year)

8. AGE: Years 28 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Mt Grove (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Grant Raney
13. Birthplace Mt Grove (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary Holman
15. Birthplace Mt Grove (City, town, or county) Mo (State or foreign country)

16. (a) Informant George Sartin
(b) Address Birch Tree Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Lone Star Cemetery

18. (a) Signature of funeral director George Stapp
(b) Address Mt. Grove Mo

19. (a) nov 1 1946 (Date received local registrar) (b) Beatrice Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 9-23, 1946, to 9/27, 1946 that I last saw her alive on 9/27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis

Due to Infection of uterus complicating Placenta Previa

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Placenta previa with Infection of Lower part of uterus
Of autopsy

Duration

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 R E Hogan (M. D. or other) MD

Address West Plains Mo Date signed 10/28-46

SUPPLEMENTARY

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