

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1946

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35857

State File No.

Registrar's No.

Registration District No. 398

Primary Registration District No. 4501

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

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: None
(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) Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Bloomfield
(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 ISABELLE SIFFORD

(b) If veteran, name war ----

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13th
year 1946 hour 4:45 minute A. M.

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 Nov. 7, 1862
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day

83	10	6	hr. min.
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Immediate cause of death Myocardial failure

Due to Chronic Myocarditis - 10 yrs

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

10. Usual occupation Housewife

Due to Chronic Myocarditis - 10 yrs

Other conditions Chronic Arteriosclerosis
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Henry Black

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Robinson

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

Major findings: None performed

Of operations None performed

Of autopsy None performed

16. (a) Informant Ed Sifford (Son)

(b) Address Bloomfield, Mo.

17. (a) Burial (b) Date thereof Sept. 15, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lick Creek Chapel

18. (a) Signature of funeral director Chiles Und. Co.

(b) Address Bloomfield, Mo.

19. (a) Nov 13 1946 (b) Paul Webber
(Date received local registrar) (Registrar's signature)

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? _____ (Specify type of place)

23. Signature Ed. Sifford (M. D. or other) MD
Address Bloomfield Date Nov 21 1946

RECEIVED

District Health Office No. 2

District File Number 1146-1298

Date Filed 11-7-46

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, & by Lulu

Cooper # 3499

Registered Apprentices No.

working under my personal supervision.

Signed

Juan B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.