

FILED DEC 28 1946

Registration District No. 275Primary Registration District No. 4551Registrar's No. 52

## 1. PLACE OF DEATH:

(a) County Wright  
 (b) City or town Hartville, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days3. (a) PRINT FULL NAME Sarah Louisa Duggar3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W6. (b) Name of husband or wife Marve Duggar 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased December 28 1881  
(Month) (Day) (Year)8. AGE: Years 64 Months 10 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Wright County Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Richard Sparks13. Birthplace Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Susan Ann Absher15. Birthplace Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant Gurvis Duggar(b) Address Hartville, Mo.17. (a) burial (b) Date thereof 11/15/46  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove18. (a) Signature of funeral director Gene E. Holdman(b) Address Hartville, Mo.19. (a) Dec. 18, 1946 (b) B. Garner  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright(c) City or town Hartville, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10  
year 1946 hour 1:45 minute \_\_\_\_\_ A. M.21. I hereby certify that I attended the deceased from Nov 7, 1946 to Nov 10, 1946  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.Immediate cause of death Chronic interstitial nephritis.  
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 W. F. Schmitt (M. D. or other) 12/16  
Address Thompson Date signed 1/16

344 (Licensed Embalmer's Statement on Reverse Side)

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

43135

RECEIVED

District Health Officer No. 6

District File Number 1246-1259

Date Filed DEC 26 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 *Gen E Holdren*

Licensed Embalmer No. *3865*

P. O. Address *Hartsville, 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.