

FILED FEB 13 1947
Registration District No. **247**

Primary Registration District No. **5839**

Registrar's No. **4**

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Granby Township /
(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 days)

3. (a) PRINT FULL NAME Sarah Alice Garber

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased December 29, 1862
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business own home

12. Name John Sims **9**

13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Church

15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Garber

(b) Address Granby Missouri

17. (a) Burial (b) Date thereof 1-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazel Green Cemetery

18. (a) Signature of funeral director Barley Thompson

(b) Address Neosho Mo

19. (a) 2-5-1947 (b) M. L. Young
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton **73**
(c) City or town Rural
(If outside city or town limits, write "RURAL") Granby Township
(d) Street No. _____
(If rural, give location) **2**
(e) Citizen of foreign country? _____ (Yes or No) **2**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31
year 1946 hour 1:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec. 25 to Dec. 31, 1946
that I last saw her alive on Dec. 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: myocarditis - severe
Duration 1 yr.

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 Stella M. Young (M. D. or other) **M. L.**

Address Stella M. Young Date signed 1-29-47

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

FEB 19 1947

RECEIVED

District Health Officer No. Newton
District File Number 247-24
Date Filed 2-11-47

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 Cooley Thompson

Licensed Embalmer No. 3259

P. O. Address Newark 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.