S. No. 2
I—12-45
. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13168

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 342

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1843 N.Grant /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1843 N Grant 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Sarah Elizabeth Pilkington
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex F M /
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 1870 (Month) Aug. (Day) 6 (Year)

8. AGE: Years 76 Months 8 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Near Lebanon, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name George Sabine 4
13. Birthplace Scotland /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Dilworth
15. Birthplace ? ? Ky. /
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs.Matilda Jones
(b) Address 618 S. Nettleton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6,1947 (Month) (Day) (Year)
(c) Place: burial or cremation Gentry Cemetery
18. (a) Signature of funeral director W.L.Dunn
(b) Address Springfield, Mo.
19. (a) 4-16-47 (Date received local registrar) (b) W E Handly MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 th.
year 1947 hour 10 P.M. minute ..... M.
21. I hereby certify that I attended the deceased from Mch 6 1947 to April 11 1947
that I last saw her alive on Mch 6 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza	1 Week
Due to	
Due to	
Other conditions Valvular Heart Disease (Include pregnancy within 3 months of death)	2 years
Major findings: Of operations	
Of autopsy 93D	

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 T S Bruton (M. D. or other) M.D
Address Springfield Mo Date signed 4/17/47

(Licensed Embalmer's Statement on Reverse Side)

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 W S McCann

Licensed Embalmer No. 7727

P. O. Address Springfield 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.