

S. No. 2  
DM-5-43  
v. 5-17-39  
I. X36671

**FILED OCT 8 1947**

Registration District No. 1 Primary Registration District No. 5042 Registrar's No. 87

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

**1. PLACE OF DEATH:**

(a) County Barry

(b) City or town Rural Liberty township  
(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 days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Barry

(c) City or town Rural  
(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 Vanderpool

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 widowed

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

7. Birth date of deceased June 14 1868  
(Month) (Day) (Year)

**8. AGE:** Years 79 Months 1 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

**MOTHER FATHER**

12. Name William Glenn

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

14. Maiden name Martha Long

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

16. (a) Informant Mrs. Joseph Justis

(b) Address Clinton, Missouri

17. (a) Burial (b) Date thereof 8-4-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corinth Cemetery, MO

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) Sept 11-1947 (b) Grace Williams  
(Date received local registry) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 30  
year : 1947 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from June 21 1947, to July 30 1947.

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Congestive Heart Failure

Due to myocarditis

Due to hypertension

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_  
1 yr.  
7 m.  
7 d.

**PHYSICIAN**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 930

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 Edward C. Williams (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 8/14/47

RECEIVED

District Health Officer No. 6;

District File Number 942-980

Date Filed SEP 30 1947

OCT 14 1947

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.....

*H. W. Elkins*

Registered Apprentice No. 495

working under my personal supervision.

Signed *G. E. Calver*

Licensed Embalmer No. 3584

P. O. Address Cassville

**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.**