

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

**1. PLACE OF DEATH:**

(a) County Lafayette

(b) City or town Corder  
(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: 3  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days) Sarah M. Carlton

**3. (a) PRINT FULL NAME** Sarah M Carlton

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No. 0--

4. Sex F / White

5. Color or White

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife: \_\_\_\_\_

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

7. Birth date of deceased: Sept 26 1862  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>84</u>	<u>10</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace: Saline County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Hotel keeper

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

**MOTHER FATHER**

12. Name: William Crocket Johnson

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

14. Maiden name: Martha Gwin  
Saline County, Mo.

15. Birthplace: \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant: William C. Jones

(b) Address: Corder, Mo.

17. (a) Burial (b) Date thereof: 8-27-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Corder Mo.

18. (a) Signature of funeral director: Arthur Hagan

(b) Address: Higginsville, Mo.

19. (a) Aug. 26-47 (b) Clayton St. Landrum  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lafayette 54

(c) City or town Corder  
(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: \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 24  
year 1947 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Called  
as acting coroner 1947 to 19  
that I last saw him alive on \_\_\_\_\_ 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: Multiple fractures  
of skull, chest & extremities  
4 days Duration \_\_\_\_\_

Due to: Struck by a Pull M. Car  
70 lbs. diesel engine at  
Corder, Mo.

Due to: Died instantly

Other conditions: Seizure  
(Include pregnancy within 3 months of death)

Major findings: no operation

Of operations: \_\_\_\_\_

Of autopsy: no 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) accident 54

(b) Date of occurrence: 8-24-47

(c) Where did injury occur? Corder Lafayette Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at railroad crossing Federbush  
While at work? no (Specify type of place) (e) Means of injury: Struck by train  
W. Martin & D. Carter  
23. Signature: \_\_\_\_\_ (M, D, or other) 3  
Address: Odessa Mo Date signed: 8/24/47

RECEIVED

District Health Officer No. 8.

District File Number \_\_\_\_\_

Date Filed 9-18-47

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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 Forrest S. Hoefler

Licensed Embalmer No. 4358

P. O. Address Higginsville

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.