

S. No. 2  
1-1/47  
5-17-39

FEDERAL SECURITY AGENCY  
Division of Office of Vital Statistics  
FILED NOV 18 1947

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37960

State File No. ....

Registrar's No. 17

Registration District No. 144

Primary-Registration District No. 4236

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Des Arc  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: No  
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 72 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wajne

(c) City or town Des Arc  
(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: None

3. (a) PRINT FULL NAME Sarah M. Middleton

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31  
year 1947 hour 8 minute 55 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William W. Middleton 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased: Feb 26 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July, 19....., to Aug, 19.....;

that I last saw her alive on Aug 31, 1947, 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage Duration

8. AGE: Years 72 Months 5 Days 5 If less than one day  
hr. .... min. ....

Due to hypertension

Due to .....

9. Birthplace: Reynolds Co 0 Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

Other conditions hypertension  
(Include pregnancy within 3 months of death)

11. Industry or business Home

12. Name John McMillon

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

14. Maiden name Unknown

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

Major findings: Of operations 3A

Of autopsy: .....

PHYSICIAN  
Underline the cause of which death should be charged statistically.

16. (a) Informant L. W. Middleton  
(b) Address Piedmont, Mo.

17. (a) BURIAL (b) Date thereof Sept 1, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Murphy Cem.

18. (a) Signature of funeral director [Signature]  
(b) Address Piedmont

19. (a) 11-10-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? .....

(e) Means of injury 0

23. Signature [Signature] (Type or other) 0

Address Piedmont, Mo. Date signed .....

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

MOTHER FATHER

MAILED  
MAY 24 1948

RECEIVED

Sanitary Health Officer No. 4  
License File Number 1147-1439  
Date Filed 11-17-47

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.....

me....., Registered Apprentice No.....  
working under my personal supervision.

Signed Harwin E. Lawler.....

Licensed Embalmer No. 4426.....

P. O. Address Redmond, 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.