

FILED JAN 13 1948

State File No. _____

Registration District No. 178

Primary Registration District No. 4316

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Macon

(b) City or town New Cambria "Rural"
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(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 Mo (b) County Macon⁶¹

(c) City or town New Cambria "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME SARAH N. LEATHERS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F | 5. Color or race W

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Day) _____ (Year) _____

7. Birth date of deceased: 2 25 1890
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER { 12. Name John LITRELL 9

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

14. Maiden name CAROLINE PRICE

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

16. (a) Informant SUSIE WALTON

(b) Address BEVIER MO

17. (a) Burial (b) Date thereof 11-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Helron Cemetery

18. (a) Signature of funeral director H. A. Edwards

(b) Address Bevier Mo

19. (a) Dec. 9-47 (b) Josephine King
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20
year 1947 hour 2 minute p M.

21. I hereby certify that I attended the deceased from Aug. 1 1947 to Nov. 13 1947.
that I last saw her alive on Nov. 13 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis

Due to arteriosclerosis

Due to Hemiply

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 P. A. Dinwiddie (M. D. or other) 100

Address Bevier Mo Date signed 11/24/47

02

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 *B. B. Edwards*
Licensed Embalmer No. 1961
P. O. Address *Beverly 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.