S. No. 2
1—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42759

Registration District No. 314 Primary Registration District No. 6062 Registrar's No.

1. PLACE OF DEATH:
(a) County St. Clair
(b) City or town Osceola (Rural)
(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 years, months or days)
In this community 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Clair 93
(c) City or town Osceola 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarah J. Nailor
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male / 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 March (Month) 9 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
87	9	9	hr. min.

9. Birthplace Unknown (City, town, or county) 4 (State or foreign country) /
10. Usual occupation Housekeeping
11. Industry or business
MOTHER FATHER
12. Name S.W.Shupp 4
13. Birthplace Unknown (City, town, or county) / (State or foreign country)
14. Maiden name Bertha Keller
15. Birthplace Unknown (City, town, or county) 4 / (State or foreign country)
16. (a) Informant Nellie Putnam
(b) Address Osceola Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation Nebraska City Nebraska
18. (a) Signature of funeral director F.B.Goodrich
(b) Address Osceola Missouri
19. (a) 12-18-1947 (Date received local registrar) (b) Ruth Seevers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18 year 1947 hour 6 minute 15 A.M.
21. I hereby certify that I attended the deceased from 12-13 1947 to 12-13 1947 that I last saw her alive on 12-13 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	4da
Due to	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Ruth Seevers (M.D. or other)
Address Osceola Mo Date signed 12/19/47

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 7,
District File Number 12-47-2057
Date Filed 1-10-48

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 J B Goodrich

Licensed Embalmer No. 3038

P. O. Address Oregon 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.