S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 18 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5972

Registration District No. 316 Primary Registration District No. 6675 Registrar's No. 49

14
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0

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 yrs. 11 mos. 29 das. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Unknown 0
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME SARAH CAROLINE WHITT
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) Unknown (Day) Abt. 1871 (Year)

8. AGE: Years Abt. 77 | Months | Days | If less than one day hr. min.

9. Birthplace Dexter, (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation To Washington University Anatomical Dept. St. Louis, Missouri
18. (a) Signature of funeral director Via Cozean Funeral Home
(b) Address Farmington, Missouri
19. (a) 2-13-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) 949

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29, year 1948 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 1, 1946, 19 to January 29, 1948, 19; that I last saw her alive on January 29, 1948, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	2 das.
Due to: Arteriosclerotic heart disease	Abt. 12 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death): Senility and Dementia Praecox Psychosis.	

Major findings:
Of operations
Of autopsy No autopsy. 932

PHYSICIAN
Underline the cause of 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 John A. Brennan M.D. (M. D. or other)
Address State Hosp #4, Farmington, Mo. Date signed 2/6/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 248-233

Date Filed 2-17-48

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~~ for Washington University School of Medicine Registered Apprentice No. ..... working under my personal supervision.

Signed M. W. Rhoades (Technician)

Licensed Embalmer No. .....

P. O. Address 4580 Scott St. Louis 10, 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.