

No. 300
-10-47
5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28852

FILED SEP 22 1948
Registration District No. 82

Primary Registration District No. 5114

Registrar's No. 66

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

1. PLACE OF DEATH: Bollinger

(a) County Bollinger

(b) City or town Zalma
(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)

In this community 70 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger

(c) City or town Zalma
(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 D. Gaither

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30
year 1948 hour 3:00 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____ 1948, to Aug. 30 1948
that I last saw her alive on Aug. 28 1948
and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W

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

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

7. Birth date of deceased October 13 1853
(Month) (Day) (Year)

Immediate cause of death Senility

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 162B

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? _____

8. AGE: Years 94 Months 10 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Linville Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Jacob Spears

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

14. Maiden name Patsy Jane Fields

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

16. (a) Informant Mrs. Cara Mae Carr

(b) Address Zalma, Mo.

17. (a) Burial (b) Date thereof Sept. 1 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spears Cemetery

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo.

19. (a) 9-13-1948 (b) Willie D. D. D. D.
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

23. Signature C. C. Masters (M. D. or other) Co.

Address Advance, Mo. Date signed 9-10-48

RECEIVED

Health Officer No. 4
File Number 94-8-119
Date Filed 9-21-48

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. E. Graham

Licensed Embalmer No. 4010

P. O. Address Luttwelle, W

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.