

No. 2
1739
X37823

FILED DEC 1 1948

Registration District No. 2512

Primary Registration District No. 304A

Registrar's No. 57

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

1. PLACE OF DEATH:

(a) County Miller
(b) City or town Eldon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Schneider Nursing Home
(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 Missouri (b) County Miller
(c) City or town Eldon
(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 JANE OUSLEY

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife James W. Ousley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 14 1859
(Month) (Day) (Year)

8. AGE: Years 89 Months 9 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Osage Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Aham Sterling
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Greenstreet
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant H. V. Ousley
(b) Address Eldon, Missouri

17. (a) Burial (b) Date thereof 11-22-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Cemetery

18. (a) Signature of funeral director J. D. Phillips
(b) Address Eldon, Missouri

19. (a) 11-22-48 (b) Alvoretta Walt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1948 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw her alive on 11/19 and that death occurred on the date and hour stated above.

Immediate cause of death
Shock
intracapsular fract
of left femur
Disability

Duration
6 days
2

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

Major findings:
Of operations 10/12
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) (a) Means of injury _____

23. Signature H. D. Walker (M. D. or other) _____
Address Eldon, MO Date signed 11/22/48

RECEIVED
District Health Officer No. 9,
District No. 10
Date Filed NOV 30 1948

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.....

Louis D. Phillips

Registered Apprentice No.....

working under my personal supervision.

Signed *Louis D. Phillips*
Licensed Embalmer No. 3663

P. O. Address..... Eldon

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.

Registration District No. 212 Primary Registration District No. 3044

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Eldon
(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.
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah J. Ousley
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 Div
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 19 (Month) 19 (Day) 1908 (Year)

8. AGE: Years 89 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 17 Year 1948 Hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Shock

Due to Intra capsular fracture neck of femur 6 days

Due to Senility 18 1/2 2

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

Major findings: Fell on floor in home PHYSICIAN
in nursing home of Mrs. Schneider
Eldon Mo
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) accident

(b) Date of occurrence 12/14/48

(c) Where did injury occur? In nursing home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home of Mrs. Schneider (Specify type of place) While at work? (e) Means of injury road

23. Signature G. D. Walker (M. D. or other) _____
Address Eldon Mo Date signed 12/17/48

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

SUPPLEMENTARY

S-37392