

FILED FEB 4 1949

Registration District No.

Primary Registration District No. **5075**Registrar's No. **16**

1. PLACE OF DEATH:

- (a) County **Candragu**
 (b) City or town **Salig - Twp.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Rural Sturgeon**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 years 6 months** (Specify whether years, months or days)

In this community **2 years 6 months** (Specify whether years, months or days)3. (a) PRINT FULL NAME **SARAH LYDIA JONES**3. (b) If veteran, name war **L** 3. (c) Social Security No. **L**4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced, **deceased**6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: **years**7. Birth date of deceased: **April - 12 - 1879**
(Month) (Day) (Year)8. AGE: Years **69** Months **8** Days **4** If less than one day hr. min.9. Birthplace: **Houston Mo.**
(City, town, or county) (State or foreign country)10. Usual occupation **Hwp.**

11. Industry or business

12. Name **J. W. Morgan**13. Birthplace **Ky 1**
(City, town, or county) (State or foreign country)14. Maiden name **Sarah Mitchell**15. Birthplace **Ill. 1**
(City, town, or county) (State or foreign country)16. (a) Informant **Ewell Sloan**(b) Address **Sturgeon Mo.**17. (a) **Removal** (b) Date thereof **Dec. 16 - 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Butler Co. Mo**18. (a) Signature of funeral director **Bauer & Bauer**(b) Address **Sturgeon - Mo.**19. (a) **Jan 24 - 1949** (b) **Blanche Neely**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **MISSOURI** (b) County **Randolph**
 (c) City or town **Salig Twp.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Rural - Sturgeon**
 (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 **15** year **1948** hour **7:15** minute **A** M.21. I hereby certify that I attended the deceased from **1946** to **12/15/48**, 19... that I last saw him alive on **12/15/48 5 AM**, 19... and that death occurred on the date and hour stated above.Immediate cause of death **Respiratory Failure** Duration **1 week**Due to **Pulmonary Metastasis** **1 yr.**Due to **Primary C.A. left Breast** **4-5 yrs.**Other conditions: **170**
(Include pregnancy within 3 months of death) **56**Major findings: **B. Sarah Jones # 48-11, 093****Ellis Fishel State Cancer Hosp.**
Columbia, MO

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Sturgeon**

(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

23. Signature **O. Barrell** (M. D. or other) **MO.**Address **Sturgeon, Mo.** Date signed **1/16/49**

RECEIVED

District Health Officer No. 10

District File Number 2-48-214

Date Filed FEB 2 - 1949

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 A. E. Boothe

Licensed Embalmer No. 4087

P. O. Address Sturgeon - 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.