

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
 APR 15 1941
 MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 8

Registration District No. 688 Primary Registration District No. 5916

1. PLACE OF DEATH:

(a) County Pike
 (b) City or town Rural Peno Township
 (c) Name of hospital or institution: 1
 (If outside city or town limits, write "RURAL" and name of township)
 (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)

8. (a) PRINT FULL NAME Sarah Jane Taylor
 8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White
 6. (b) Name of husband or wife _____ 6. (a) Single, widowed, married, divorced Widowed
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 29 1861
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	11	4	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Alexander Carr
 13. Birthplace Kennessee
 (City, town, or county) (State or foreign country)
 14. Maiden name Manata Ball
 15. Birthplace Springfield Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature A J Perkins
 (b) Address Frankford Mo
 17. (a) Burial (b) Date thereof 3-5-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation McElwee Cemetery

18. (a) Signature of funeral director Wm B. B. B. B.
 (b) Address Bowling Green Mo

19. (a) Mar. 3-41 (b) Letha Holman
 (Date received local registrar) (Registrar's signature)
Deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
 (c) City or town Rural - Peno Township
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
 year 1941 hour 11 minute 0 A. M.

21. I hereby certify that I attended the deceased from Feb. 20, 1941 to March 3, 1941
 that I last saw her alive on March 3, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration _____

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) (e) Means of injury _____

28. Signature Old Lady road (M. D. or other) _____
 Address Frankford Mo Date signed 3/3/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 4-41-721

Date Filed APR 10 1941

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 Grace Bantlehead

Licensed Embalmer No. 2204

P. O. Address Bawling Green 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, above space should be left blank.