

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24466

State File No.

Registrar's No.

FILED AUG 18 1942

Registration District No. 390144

Primary Registration District No. 55464234

1. PLACE OF DEATH:

(a) County. Iron
(b) City or town. Ironton
(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. three weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sarah Jane Maxwell

3. (b) If veteran, name war. no 3. (c) Social Security No. none

4. Sex. 1 fem 5. Color or race. white 6. (a) Single, widowed, married. 2 divorced. Widowed
6. (b) Name of husband or wife. John A Maxwell 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. April 27 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 2 22 hr. min.

9. Birthplace. Bismarck Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation. at home

11. Industry or business.

12. Name. Cyrus Dents
13. Birthplace. unknown
14. Maiden name. Mollie A. Sherrill
15. Birthplace. unknown
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Mollie Bartlow
(b) Address. Ironton Mo.

17. (a) burial (b) Date thereof. 7-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Belgrade Mo.

18. (a) Signature of funeral director. Norman White & Sons

(b) Address. Ironton Mo.

19. (a) 7-22-42 (b) Virginia B. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Washington
(c) City or town. Belgrade
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1942 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 29, 1942, to July 19, 1942
that I last saw her alive on July 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. acute cardiac failure 7/19/42
Due to chronic myocarditis ?

Due to senility
Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. 932
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) Means of injury.
23. Signature. R. E. Harland M.D.
Address. Ironton Mo. Date signed 7/22/42

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

RECEIVED

District Health Officer No. V

District File Number 842-1072

Date Filed 8-13-42

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.....

Quincy White

Licensed Embalmer No. 3012

P. O. Address.....

Clinton Mass

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.