

S. No. 2
1-8-43
5-17-39
P1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37868

FILED DEC 8 1944

State File No.

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 205

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Clinton General 0
(If in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
Specify whether

In this community 60 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry 42

(c) City or town Clinton 1
(If outside city or town limits, write "RURAL.") 2

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 17

3. (a) PRINT FULL NAME Sarah F. Underwood

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 24
year 1944 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from 11-9
1944 to 11-24 1944
that I last saw her alive on 11-24 1944
and that death occurred on the date and hour stated above.

4. Sex F. 1

5. Color of race W.

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

6. (b) Name of husband or wife James Underwood

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased Dec 4 1882
(Month) (Day) (Year)

Immediate cause of death Bronchial pneumonia 9 da

Duration

8. AGE: Years Months Days If less than one day

91 11 10 hr. min.

Due to infancy of age & chronic pneumonia

9. Birthplace Nashville Ky 1
(City, town, or county) (State or foreign country)

Due to

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

MOTHER FATHER { 12. Name Ranuel Amfeger

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

14. Maiden name Mary Hoover

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

Major findings: 107

Of operations

Of autopsy

PHYSICIAN

-Underline the cause to which death should be charged statistically.

16. (a) Informant Melvin Underwood

(b) Address Clinton Mo

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

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

(b) Date of occurrence

17. (a) Burial (b) Date thereof Nov 26 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Albion Cemetery

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director J. A. Hawley

(b) Address Albion Mo

While at work?

(Specify type of place) (c) Means of injury ✓

19. November 25, 1944 (b) Georgia Kitchen
(Date received local registrar) (Registrar's signature)

23. Signature H. S. Walker (M. D. or other) M.D.

Address Clinton Mo Date signed 11-20-44

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

106 9

DEC 18 1944

FILED

Case No. 7,

11-44-1373

Date Filed

12-9-44

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 myself, Registered Apprentice No. _____ working under my personal supervision.

Signed

J. A. Hensley

Licensed Embalmer No.

3803

P. O. Address

Calhoun 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.