

FILED MAR 13 1945
Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 37

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

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Clinton mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution;
303 W Wilson 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Henry 42
 (c) City or town Clinton 11
(If outside city or town limits, write "RURAL")
 (d) Street No. 303 W Wilson 2
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME SARAH ELIZABETH Cox
 (b) If veteran, name war _____
 (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 5
 year 1945 hour 9 minute _____ P. M.
 21. I hereby certify that I attended the deceased from
Jan 15 1945 to Feb 5 1945
 that I last saw her alive on Feb 5 1945
 and that death occurred on the date and hour stated above.

4. Sex F 1
 5. Color or race W
 6. (a) Single, widowed, married, divorced wid
 (b) Name of husband or wife Henry alive _____ years
 (c) Age of husband or wife if _____ years

Immediate cause of death senility
 Duration _____

7. Birth date of deceased July 21 1860
(Month) (Day) (Year)
 8. AGE: Years 84 Months 6 Days 12
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions 162 lb
(Include pregnancy within 3 months of death)

9. Birthplace St Clair Co mo
(City, town, or county) (State or foreign country)
 10. Usual occupation Home work

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Benjamin Harris
 13. Birthplace Benton Co mo
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Effert
 15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John Harris
 (b) Address Clinton mo
 17. (a) Burial (b) Date thereof 7-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bethan cem
 18. (a) Signature of funeral director Consuelo Peck
 (b) Address Clinton mo
 19. (a) February 7, 1945 (b) Georgia Kitchener
(Date received local Registrar) (Registrar's signature)

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. J. Powell (M. D. or other)? _____
 Address Clinton mo Date signed 3/2/45

1069

RECEIVED

D. _____ Officer No. 7,

2-45-162

Date Filed

3-9-45

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.....

J. E. Conner

Licensed Embalmer No. 1891

P. O. Address..... Clinton, 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.