

Exact statement of OCCUPATION is very important.

1938  
26 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

33169  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St Clair Registration District No. 761  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4456 Registered No. 24  
 (c) City Appleton City (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Jane Daws 2011  
 (a) Residence, No. \_\_\_\_\_ St.  \_\_\_\_\_  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Milford Daws  
 7. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25-1848  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
90 2 20  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeping  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny  
 13. NAME Wesley Bowen  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny  
 15. MAIDEN NAME Sarah Burton  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny  
 17. INFORMANT B.M. Daws  
 (ADDRESS) Appleton City, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor Mo DATE Sept 16 1938  
 19. FUNERAL DIRECTOR (NAME) Frank Lee  
 (ADDRESS) Appleton City Mo  
 20. FILED Sept 15 1938 Chas. Strey  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1938  
 22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Sept 10, 1938  
 Last saw her alive on Sept 15, 1938. Death is said to have occurred on the date stated above, at 12:15 pm.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
Chronic Nephritis  
Arterial Sclerosis  
Nasal Polyps  
 Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) R. L. Bowen, M. D.  
 (Address) Appleton City  
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RECEIVED

District Health Officer No. 7

District File Number 7-38-196

Date Filed 10-6-38

**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, .....

On the 15<sup>th</sup> day of Sept 1938, or by .....

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

Signed.....

Frank Lee

Licensed Embalmer No. ....

1099

P. O. Address .....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to do with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.