

JAN 23 1938

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

42162  
Do not use this space.

1. PLACE OF DEATH

(a) County Atchison Registration District No. 20  
(b) Township Tarkio Primary Registration District No. 4014 Registered No. \_\_\_\_\_  
(c) City Tarkio, Mo (d) Street No. \_\_\_\_\_  
(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 40 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

160 MRS ANNA ZILLA SEBREE  
(a) Residence, No. Tarkio, Mo St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Sebree  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1855  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 10 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
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) Bucyrus Ohio

FATHER 13. NAME John Holmes  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellfontaine Ohio

MOTHER 15. MAIDEN NAME Elizabeth Gay  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Gertrude Wolf Tarkio, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Tarkio, Mo DATE March 13, 1938

19. FUNERAL DIRECTOR (ADDRESS) J. B. Gleason Tarkio, Mo

20. FILED Tarkio, 1938 P. M. Vaughn Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10 19 38

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1938, to March 10, 1938  
I last saw her alive on March 10, 1938. Death is said to have occurred on the date stated above, at 3.30 m A.M.  
The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia  
Date of onset 5/3/38

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Pharynx Was there an autopsy? no

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) P. M. Vaughn, M. D.  
Tarkio, Mo (Address)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
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.

0303

**STATEMENT BY LICENSED EMBALMER**

I, W. S. Clement, Licensed Embalmer No. 3381

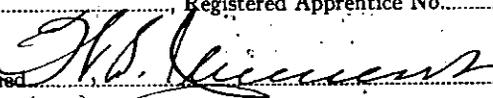
hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. S. Clement

L. E.

No. 3381 or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed



Licensed Embalmer No. 3381

**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.)**