

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

27044
 Do not use this space.

1939 AUG 10

1. PLACE OF DEATH

(a) County Dullwan Registration District No. 851
 (b) Township 1 Primary Registration District No. 4520 Registered No. _____
 (c) City Osford (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

456 Sarah Elizabeth Milner
 (a) Residence, No. _____ St. (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 wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF (OR) WIFE OF Jas Milner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 4 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 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) Merion Co Mo

FATHER 13. NAME Henry Stenatt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Hannah Shugmaster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) Mrs Emma Phelps
Osford Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Bur. Co DATE July 27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Johnson & Sons
Fault Mo

20. FILED July 22, 1939 Cordelia Shores
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1937, to July 20, 1939
 I last saw him alive on July 18, 1938. Death is said to have occurred on the date stated above, at 7:00 m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris
94
 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? _____
 If so, specify _____
 (Signed) H. E. Johnson, M. D.

770 (Address) Fault Mo

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.

RECEIVED

District Health Officer No. 10

District File Number 8-29-1394

Date Filed AUG 7 1959

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,

PK Payne Jr

....., or by

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

Signed.....

PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Maet 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, above space should be left blank.