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

OCT 19 1939

31806
Do not use this space.

1. PLACE OF DEATH
(a) County Bates 2 Registration District No. 63
(b) Township / Primary Registration District No. 3005 Registered No. 37
(c) or City Rich Hill / (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.

760

2. PRINT FULL NAME Sarah E. Morrell
(a) Residence, No. 508 E Chestnut 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Somers Morrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 - 1858

7. AGE: Years 81 Months 2 Days 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Pennsylvania

FATHER
13. NAME John J. Messinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Sarah Nell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Verl Morrell Rich Hill Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE Oct-1- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pond & Peavley Rich Hill Mo.

20. FILED Oct. 2 1939 Clayde J. Allen M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1938 to Sept 24 1939
I last saw h.. alive on Sept 25 1939. Death is said to have occurred on the date stated above, at 7P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral	
Cerebral hemorrhage	

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) Clayde J. Allen, M. D.
(Address) Rich Hill Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH INK, AND DO NOT FOLD. IF A TYPEWRITER IS USED, PRINT THE NAME IN CAPITALS.

I X1805

RECEIVED
District Health Officer No. 7
District File Number 7-39-1432
Date Filed 10-10-39

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. Hudson Reavley

Licensed Embalmer No. 2730

P. O. Address Rich Hill Mo.

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

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