

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

35929

State File No. _____

Registration District No. 612

Primary Registration District No. 6257

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton 61

(b) City or town Newton

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location) _____

(d) Length of stay: In hospital or institution 20

In this community 71 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Newton

(c) City or town Pierce City Rural

(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Sarah E. Woods

8. (b) If veteran, name war _____

8. (c) Social Security No. 2d of aunt

4. Sex Female 5. Color or race N.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alvin 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased July 25 1869

8. AGE: Years 71 Months 2 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Newton Mo

(City, town, or county) (State or foreign country)

10. Usual occupation Horse Work

11. Industry or business _____

12. Name P. M. Ross

13. Birthplace Kennett

(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ross

15. Birthplace Mo

(City, town, or county) (State or foreign country)

16. (a) Informant Ross Woods

(b) Address Pierce City Mo

17. (a) Burial (b) Date thereof Oct 21-40

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Cr. Cem.

18. (a) Signature of funeral director Wm. Russell

(b) Address Pierce City Mo

19. (a) Oct 21 (b) GRACE H. HARRIS

(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19

year 1940 hour 5 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 14, 1940 to Oct. 19, 1940;

that I last saw her alive on Oct. 16, 1940;

and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach

Duration 1 year

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy no

Underline the cause to which death should be charged statistically.

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)

(e) Means of injury 5-211

23. Signature E. P. Knight (M. D. or other) _____

Address Pierce City, Mo. Date signed 10-21-40

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

3

RECEIVED

District Health Officer No. 6,

District File Number 1140-2870

Date Filed NOV 14 1980

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. 754

working under my personal supervision.

Signed Sam Hassell Jr.

Licensed Embalmer No. 1512

P. O. Address Pierce City 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.