

JAN 17 1941
Registration District No. 461

Primary Registration District No. 3024

Registrar's No.

74
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lewington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Paplan St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community like years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette

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

(d) Street No. Paplan St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Sarah Anna Rose wd

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe 5. Color or race w 6. (a) Single, widowed, married, divorced widow

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

7. Birth date of deceased Nov. 29 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>0</u>	<u>3</u>	hr. min.

9. Birthplace Lewington Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Henry Lambert

13. Birthplace Pedia Dec.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Jane Briggs

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Aug. Pauss

(b) Address Lewington Mo

17. (a) Burial (b) Date thereof Dec. 4 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lewington Mo

18. (a) Signature of funeral director Winkles

(b) Address Lewington Mo

19. (a) Dec 11 1940 (b) Delia Bates
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2 year 1940 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from December _____, 1936, to Dec 2, 1940
that I last saw h. ER alive on Dec. 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, Chronic
Cardiac decompensation
Due to arteriosclerosis
Due to Diabetes mellitus

Other conditions (include pregnancy within 3 months of death) 54

Major findings:
Of operations _____
Of autopsy _____

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? 890
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. S. Cape (M. D. or other) MD
Address Lewington, Mo Date signed 12/6/40

9.5

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-10-41

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

Signed Geo. A. McKean
Licensed Embalmer No. 2983
P. O. Address Lexington, 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, fact should be so stated above.