

Registration District No. 699

Primary Registration District No. 5892

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Rural Smithton Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
RFD Smithton, Missouri
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Sarah Alice Necessary

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased October 23 1859
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>81</u>	<u>6</u>	<u>29</u>	hr. _____ min.

9. Birthplace West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Singleton Candler

13. Birthplace West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Miss Mamie Necessary

(b) Address RFD Smithton, Missouri

17. (a) Burial (b) Date thereof 5/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shores Cemetery Lafayette

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia, Missouri

19. 5 23 1941 (b) Wm J. Mowbray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
 (c) City or town RURAL
(If outside city or town limits, write "RURAL")
 (d) Street No. RFD Smithton, Missouri
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
 year 1941 hour 12 minute 25 P. M.

21. I hereby certify that I attended the deceased from 19 to 19
 that I last saw him alive on May 20 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Int. Nephritis

Due to _____
 Due to _____

Other conditions 12/8
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

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? No.

While at work _____
(Specify type of place) (Specify type of injury)
 23. Signature [Signature] Date signed 5/24/41

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8
File Number 6-11-41
Date Filed

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. D. ...*
Licensed Embalmer No. *3868*
P. O. Address *Sudana, N.*

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.