

S. No. 2
M-1-4-41
v. 5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35267

FILLED NOV 13 1941

Registration District No. 408

Primary Registration District No. 5563A

Registrar's No. 149

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

49
0
0

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage & Jackson Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jasper County Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. (Specify whether years, months or days)

In this community 30 yrs 5

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049 0

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME SARAH C. WESTERWELT

3. (b) If veteran, name war none

3. (c) Social Security No. none

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 Sept. 19, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

77 0 23 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Frazier

13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Adeline Martin

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

16. (a) Informant Lilburn F. Riddle

(b) Address P.O. Box 124, Joplin, Mo.

17. (a) Burial (b) Date thereof Oct. 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Thomhill-Sillon Mort

(b) Address Joplin, Mo.

19. (a) Oct. 14 1941 (b) E. J. M. Intire, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 12 year 1941 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from Sept 1st 1941 to Oct 13 1941

that I last saw her alive on Oct 8 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerotic heart disease with decompensation

Due to Generalized Atherosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: ASC

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? _____

While at work _____ (Specify type of place) (b) Means of injury _____

23. Signature W. J. McNew (M. D. or other) MD

Address 307 Hill, Carthage, Mo. Date signed 10/24/41

865 (Licensed Embalmer's Statement on Reverse Side)

41-11-900

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.....

David Dillon

Licensed Embalmer No.....

3898

P. O. Address.....

Joplin, 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.