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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2086
Registrar's No.

Registration District No. 238

Primary Registration District No. 4145

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

1. PLACE OF DEATH:
(a) County Dade
(b) City or town Lockwood, Mo.
(c) Name of hospital or institution: Combs Hospital
(d) Length of stay: In hospital or institution fifty years
In this community fifty years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dade
(c) City or town Lockwood, Mo.
(d) Street No. ?
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Sarah Jane Drolesbaugh
(b) If veteran, name war -
(c) Social Security No. -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 2
year 1942 hour 2 minute 30 P. M.

4. Sex F 5. Color or race White
6. (b) Name of husband or wife -
7. Birth date of deceased: Feb 2 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 24, 1941, to Jan 2, 1942
that I last saw her alive on Jan 2, 1942,
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 11 Days -
If less than one day hr. min.

Immediate cause of death: Cerebral apoplexy
Due to
Due to

9. Birthplace Ohio
10. Usual occupation Veteran Milliner
11. Industry or business

Other conditions: 8361
(Include pregnancy within 3 months of death)
Major findings: 8361
Of operations
Of autopsy

MOTHER FATHER
12. Name Daniel Drolesbaugh
13. Birthplace Penn.
14. Maiden name Mary Emery
15. Birthplace Penn.

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Emma Davis
(b) Address Lockwood, Mo.
17. (a) Burial (b) Date thereof Jan 3 - 1942
(c) Place: burial or cremation Lockwood

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Ray Caldwell
(b) Address Lockwood, Mo.
19. (a) Jan 8 1942 (b) Benjamin M. Coover
(c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

23. Signature J. D. Combs (M. D. or other)
Address Lockwood, Mo. Date signed 1-31-42

RECEIVED

District Health Officer No. 6,

District File Number 242-188

Date Filed FEB 10 1942

SEP 18 1957

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 _____

Licensed Embalmer No. 3380

P. O. Address Lakewood, 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.