

FILED JUL 10 1942 53

Primary Registration District No. 5871

Registrar's No. 40

78
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0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Braggadocio, 2 mile south
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 56 years
years, months or days

3. (a) PRINT FULL NAME SARAH GEORGE

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

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank George 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 10, 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Webster Co., Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Freels
13. Birthplace Dennison, Texas
(City, town, or county) (State or foreign country)
14. Maiden name Abbie Pullam
15. Birthplace Webster Co., Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank George
(b) Address Braggadocio, Mo.

17. (a) Burial (b) Date thereof 6-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Little Prairie Cem. LaForge Und. Co.

18. (a) Signature of funeral director _____
(b) Address Camuthersville, Mo.
19. (a) 6-23-42 (b) Mrs. O. S. Sney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2 mile south of Braggadocio 6
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th
year 1942 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 6-2 1942 to 6/17 1942
that I last saw her alive on 6/16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____
Arterio Sclerosis 10 Days

Due to _____

Due to _____

Other conditions _____
(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? _____

23. Signature [Signature] (M. D. or other) _____
Address Hayti, Mo. Date signed 6/19/42

7-42-2

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.....

J. W. Schuman

Licensed Embalmer No. 4086

P. O. Address. Cynthiana, 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.