. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

Washburn, Mo.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 18 1942

Registration District No. 11

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

23763

State File No.

Primary Registration District No. 5044 Registrar's No. 63

1. PLACE OF DEATH:

5 (a) County Barry

(b) City or town Seligman (Rural) Washburn Tp.
(If outside city or town limits, write "RURAL" and name of township)

5 (c) Name of hospital or institution: J. O. Roller Residence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 3 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Exeter (Rural) Exeter Tp.
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Sarah A. Packwood

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 N. B. Packwood

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

7. Birth date of deceased April (Month) 13 (Day) 1854 (Year)

8. AGE: Years 86 Months 4 Days 0 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own home

FATHER
12. Name Washington N. Weatherly
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Jane Brannock
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Roy Packwood
(b) Address Route 1, Exeter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 14 (Day) 40 (Year)
(c) Place: burial or cremation Exeter

18. (a) Signature of funeral director Koon Funeral Home
(b) Address Cassville, Mo.

19. July 29 - 1942 (Date received local registrar) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15
year 1940 hour Two minute — M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw her alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	5 days
Due to Chronic Glomerulus nephritis	Un.
Due to	
Other conditions Coronary Sclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131 b

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Geo. W. Newman (M. D. or other)
Address Cassville, Mo. Date signed

1077 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 842-1261
Date Filed AUG 17 1942

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 Rufus J. Miller
Licensed Embalmer No. 3794
P. O. Address Cassville, 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, above space should be left blank.