

FILED MAY 13 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13924

State File No. _____

Registration District No. 50

Primary Registration District No. 5176

Registrar's No. 19

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Richland, Route 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Auglam's Day Nurce 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

8. (a) PRINT FULL NAMES Sarah Elizabeth Mitchell

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, 2 divorced Widow

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

7. Birth date of deceased Sept 20 1863
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name James William Durham

13. Birthplace unknown Ga
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Martin

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

16. (a) Informant Andrew Thornberry

(b) Address Richland Route 1

17. (a) Burial (b) Date thereof 4/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Melchley Cemetery

18. (a) Signature of funeral director R. D. Jeeper

(b) Address Richland Mo.

19. (a) Apr 14 43 (b) Edith Nelson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Richland Mo
(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.? 9 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1943 hour 1 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Apr 15, 1943
Apr 27, 1943, 1943 to Apr 1, 1943
that I last saw her alive on Dec 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Purpura, bacterial Duration 16 days

Due to Purpura, bacterial 5 yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature E. J. Maloney (M. D. or other) _____

Address Crocker Mo Date signed 4-6-43

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

15
005

RECEIVED

District Health Officer No. 7,

District File Number

4-43-446

Date Filed

5-13-43

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.....

P. O. Address.....

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.