

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

22028

Do not use this space.

**1. PLACE OF DEATH**

(a) County Monroe Registration District No. 226  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4338 Registered No. 2667  
 (c) City Monroe City / (d) Street No. 519 N. Locust St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred: 0 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da. 0

**2. PRINT FULL NAME** Sarah Elizabeth Courtney

(a) Residence, No. 519 N. Locust St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1850  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
92 10 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Marion County (STATE OR COUNTRY) No

13. NAME Benjamin H. Tucker  
 14. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) State

15. MAIDEN NAME Martha Mc Cormick  
 16. BIRTHPLACE (CITY OR TOWN) Ralls County (STATE OR COUNTRY) No

17. INFORMANT Frank Courtney (ADDRESS) Palmyra, Mo. RFD

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jukes Cemetery DATE June 3 1943

19. FUNERAL DIRECTOR (NAME) Wilson & Sons (ADDRESS) Monroe City, Mo

20. FILED June 2 1943 Otis Hedberg Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1943

22. I HEREBY CERTIFY, That I attended deceased from Mar. 20 1928 to June 1 1943  
 I last saw him alive on May 31 1943 Death is said

to have occurred on the date stated above, at 12.40 A.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset 1942  
General Anasarca Apr. 1943  
Arterio Sclerosis 1930

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Laboratory Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_

(Signed) John H. Hildebrand M. D.  
 (Address) Monroe City, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUL 7 1943

RECEIVED

District Health Officer No. 10

Subject File Number 7-43-1146

Date Filed JUL 6 1943

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, By me

or by

Registered Apprentice No. ...., working under my personal supervision.

Signed

Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Memphis City, 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.