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M-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25209

State File No. _____

FILED AUG 11 1943

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 139

49
3

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
209 W. 11th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 12 months (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Sarah Alice Biddlecome

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Daniel S. Biddlecome

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

7. Birth date of deceased January 6 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79	6	13	
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hr. _____ min.

9. Birthplace Sarcoxie Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business none

12. Name J. M. Wilbanks

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

14. Maiden name Mary Wood

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

16. (a) Informant Mrs. L. H. Beck

(b) Address Carthage, Missouri

17. (a) Burial (b) Date thereof July 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie, Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) July 21 '43 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage
(If outside city or town limits, write "RURAL")

(d) Street No. 209 W. 11th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1943 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 18, 1943, to July 19, 1943, that I last saw her alive on 7-19-43, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 days

Due to arteriosclerosis

Due to _____

Other conditions Pneumonia terminal
(Include pregnancy within 3 months of death)

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)

23. Signature Russell Smith (M. D. or other) _____

Address Carthage, Mo Date signed 7-20-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

1203

43-7-624

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..... *Emm L. Tuel*

Licensed Embalmer No. *39*

P. O. Address..... *Carthage*

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.