

FILED MAR 8 1949

State File No. _____
Registrar's No. 169172

Registration District No. _____

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield

(c) Name of hospital or institution: _____
(If outside city or town limits, file "RURAL" and name of township)

2224 N. Rogers
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 38 yrs. (Specify whether)

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene ³⁹

(c) City or town Springfield ²
(If outside city or town limits, write "RURAL") ⁶

(d) Street No. 2224 N. Rogers
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SARAH ALICE DETHEROW

3. (b) If veteran. name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
year 1949 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan. 10
1949 to Feb. 17 1949
that I last saw her alive on Feb. 16 1949
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John A. Detherow

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Feb. 18 1923
(Month) (Day) (Year)

Immediate cause of death Bronchopneumonia

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

8. AGE:

Years	Months	Days	If less than one day
<u>20</u>	<u>3</u>	<u>29</u>	hr. min.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name A. J. Freeman

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

14. Maiden name Elizabeth Taylor

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Gilbert A. Detherow

(b) Address 927 Adams, Spfld, Mo.

17. (a) Burial (b) Date thereof 2-20-1949
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Comfort

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? _____

18. (a) Signature of funeral director F. C. Thomas

(b) Address 1109 Booneville, Spfld, Mo.

19. (a) 2-21-49 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

(e) Means of injury _____

23. Signature [Signature] (M.D. or other) _____

Address Spfld, Mo. Date signed 2-21-49

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 Bred C. Phime

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.