

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10948
Registrar's No. 38

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1944
Registration District No. 20

Primary Registration District No. 5447

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

1. PLACE OF DEATH:

(a) County Gentry
 (b) City or town Albany Rural Howard
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Nine miles North of Albany
(If not in hospital of institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38
 (c) City or town Albany Rural 0
(If outside city or town limits, write "RURAL")
 (d) Street No. Nine mile NE of Albany
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____ 0

3. (a) PRINT FULL NAME SARAH LYDIA WILSON
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26
 year 1944 hour 10 minutes 35 a.m.
 21. I hereby certify that I attended the deceased from
May 1940 to Mar, 26, 1944
 that I last saw her alive on Mar, 26, 1944
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced W 2
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 13 1874
(Month) (Day) (Year)

Immediate cause of death:
Carcinoma of right breast and axillary glands.
 Due to _____
 Due to _____

Duration 1 1/2 yrs

8. AGE: Years Months Days If less than one day
69 8 13 hr. min.

Other conditions (Include pregnancy within 3 months of death) 50
 Major findings: Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation Farmer
 11. Industry or business _____
 12. Name Clara Noble
 13. Birthplace Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Morris
 15. Birthplace Indiana
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs Bernice Watts
 (b) Address Bethany Mo
 17. (a) Burial (b) Date thereof Mar 28 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Carter cemetery
 18. (a) Signature of funeral director W H Noble
 (b) Address New Hampton Mo
 19. (a) 3-30-1944 (b) Steve H. Mather
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury
 23. Signature C. J. Pray (P. D. or other) _____
 Address Albany, Mo. Date signed 3-3-44

1108

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

Signed W H Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton M

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.