

FILED MAY 13 1944

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
631 S. McGregor  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 years  
(Specify whether years, months or days)

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. 631 S. McGregor  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1944 hour 2 minute 20 P. M.  
21. I hereby certify that I attended the deceased from MAY 31, 1942  
to April 29, 1944  
that I last saw her alive on April 29, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Duration Immediate

Due to Hypertension 5 yrs.

Other conditions Nephritis, chron 3 yrs.  
(Include pregnancy within 3 months of death)  
Right hemiplegia, slight 3 yrs.

Major findings 1318  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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 Elizabeth Coruplin (M. D. or other) M.D.  
Address Carthage, Mo Date signed MAY 1944

3. (a) PRINT FULL NAME Sarah Lucille Dallmeyer

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife A. R. Dallmeyer 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased November 9 1894  
(Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 20  
If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name James Duncan Ford

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

14. Maiden name Sarah J. Huggard

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

16. (a) Informant Lt. Col. A.R. Dallmeyer

(b) Address 631 S. McGregor, Carthage

17. (a) Burial (b) Date thereof May 2, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) May 4, 1944 (b) Elizabeth Coruplin  
(Date received local registrar) (Registrar's signature)

1203

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

40  
1  
3

4.0.4-346

OCT 8 1945

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 R. Knell

Licensed Embalmer No. 391

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.