

BUREAU OF THE DEAD  
**FILED** MAR 15 1946

## STANDARD CERTIFICATE OF DEATH

State File No. **5092**Registration District No. **99**Primary Registration District No. **5378**Registrar's No. **7**

## 1. PLACE OF DEATH:

(a) County **De Kalb**  
 (b) City or town **Union Star, Mo. Polk**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **1**  
 (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 years** years, months or days)

## 3. (a) PRINT FULL NAME

**Sarah C. Clancy**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 1 5. Color or race **W** 6. (a) Single, widowed, married, divorced **2** widowed  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Mar 20, 1856**  
 (Month) (Day) (Year)

8. AGE: Years **89** Months **10** Days **5** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Worth County Mo 0**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Benjamin F. Hickson**

13. Birthplace **Tenn. 1**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Mary Stueck**

15. Birthplace **Tenn. 1**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Joseph E. Clancy**

(b) Address **Union Star, Mo.**

17. (a) **Burial** (b) Date thereof **Jan 27, 1946**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Star, Mo.**

18. (a) Signature of funeral director **Lucile M. Wilson**

(b) Address **King City, Mo.**

19. (a) **Feb 7 - 46** (b) **Advised Davidson**  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **De Kalb 32**  
 (c) City or town **Union Star, Mo.**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) **0**  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **25**  
 year **1946** hour **9** minute **0** P.M.

21. I hereby certify that I attended the deceased from **Jan 1, 1946** to **Jan 25, 1946**  
 that I last saw **alive on Jan 25, 1946**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**  
 Duration **5**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: **93d**  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

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? **P** (Specify type of place) (e) Means of injury **0**

23. Signature **E. M. Reynolds** (M. D. or other)

Address **Union Star, Mo.** Date signed **1-26-46**

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

**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..... *Lucile M. Wilson* .....

Licensed Embalmer No. *2830*

P. O. Address. *King City Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**