S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31017

Registration District No. 234 Primary Registration District No. 4349 Registrar's No. 19

1. PLACE OF DEATH:

(a) County MORGAN

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

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN 11

(c) City or town STOVER 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME SARAH L. NEED

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JOHN NEED

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

7. Birth date of deceased SEPT. (Month) 20 (Day) 1877 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	11	15	hr. min.

9. Birthplace GRAVOIS MILLS (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name WM. MARRIOTT
13. Birthplace GRAVOIS MILLS (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name GABIE MORRIS
15. Birthplace GRAVOIS MILLS (City, town, or county) MO. (State or foreign country)

16. (a) Informant MRS. FRED McGINNIS
(b) Address STOVER MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-8-1946 (Month) (Day) (Year)
(c) Place: burial or cremation STOVER CEM

18. (a) Signature of funeral director J. L. Stevinson
(b) Address Stover Mo.

19. (a) 9/28-1946 (Date received local registrar) (b) Wm. L. Ripperger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 5 year 1946 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1943, to Sept 5, 1946 that I last saw her alive on June 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion

Due to Hypertension

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

94P

Duration: [illegible]

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 ~~[illegible]~~

(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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature A. J. Guan (M. D. ~~or other~~)

Address Versailles Mo Date signed 9/6/46

212 (Licensed Embalmer's Statement on Reverse Side)

RE

C

...cer No. 7,

9-46-1025

Date ... 10-7-46

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 J. L. Stevinson

Licensed Embalmer No. 4073

P. O. Address Stoner Me.

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.