

S. No. 2  
M-5-43  
5-17-39  
I X38671

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9426  
Registrar's No. 119

FILED MAR 29 1948  
Registration District No. 8/10

Primary Registration District No. 5770

1. PLACE OF DEATH:

(a) County Mercer  
(b) City or town Madison Twp.  
(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 One Year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Madison Twp.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah E. Trainer

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 Fred Trainer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 16 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 11 28 hr. min.

9. Birthplace Mercer Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

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

12. Name William Vincin

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

14. Maiden name Margaret Yngling

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

16. (a) Informant Mrs. G.A Vanderford

(b) Address Spickard, Mo.

17. (a) Removal (b) Date thereof 3-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moore Ceme.  
(d) Signature of funeral director Martin Funeral Home  
(e) Address Princeton, Mo.

19. (a) B-16-48 (b) M J. Ruffa  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13  
year 1948 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan 1948 to March 13 1948  
that I last saw her alive on March 11 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus Duration \_\_\_\_\_

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

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

Major findings: HSP  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature B. H. Cuillers (M. D. or other) \_\_\_\_\_  
Address Princeton Mo Date signed 3-15-48

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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.....

*Jean Martin*

Licensed Embalmer No. 3760

P. O. Address. Pinckney, Md.

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.