

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 27 1948

Registration District No. 5-8

Primary Registration District No. 5-212

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Carter

(b) City or town Rural  
(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 60 Yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carter

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Sarah Katherine Rhea

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F / Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Oct 13 1864  
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 13  
If less than one day

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

10. Usual occupation Housekeeper

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

MOTHER FATHER { 12. Name William Keeney

{ 13. Birthplace Ken. /  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Nancy Hargus

{ 15. Birthplace Ken. /  
(City, town, or county) (State or foreign country)

16. (a) Informant Wes Rhea

(b) Address Van Buren Mo.

17. (a) burial (b) Date thereof 2-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Van Buren Mo.

18. (a) Signature of funeral director Phil A. Leuckel

(b) Address Van Buren Mo.

19. May 6 - 48 Mrs Octa. Henson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26  
year 1948 hour 7 minute 10 P M.

21. I hereby certify that I attended the deceased from Feb. 12  
1948 to Apr. 26, 1948  
that I last saw her alive on Apr. 26, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy,

Due to Hypertension

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

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

Major findings: \_\_\_\_\_  
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? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature J. H. Cotton (M. D. or other) \_\_\_\_\_

Address Van Buren Date signed 4-27-48

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

RECEIVED 5-17-48

District Health Officer No. 5,

District File Number 548 325

Date Filed 5-25-48

**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 H-2448

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Phil A Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Mo

**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.