S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 22 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5463

State File No. 19241
Registrar's No. 454

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town ~~Springfield~~ Fair Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 49 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Fair Grove 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)
If yes, name country .....

3. (a) PRINT FULL NAME Sarah E. Records
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Harry Records
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased January (Month) 5, (Day) 1890 (Year)

8. AGE: Years 59 Months 4 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Fair Grove, Mo. Greene Co. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At home
FATHER
12. Name D. H. Merriman
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Betty Wiseman
15. Birthplace Fair Grove, Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant Melven D. Goodwin
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery
18. (a) Signature of funeral director J.W.Klingner & Co.
(b) Address Springfield, Missouri
19. (a) 5-29-48 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1948 hour 5 minute 30 a.M.
21. I hereby certify that I attended the deceased from Unattended, 19 by to physician 19 ; that I last saw h[redacted] on ..... 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death probably coronary occlusion	
~~Due to~~	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 W. E. Handley local registrar (M. D. or other)
Address Springfield Mo Date signed 5/29-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Ogle Slone Jr.

Licensed Embalmer No. 4476

P. O. Address Springfield

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.