No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20317

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 185

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County BENTON
(c) City or town Fristoe "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 FRANCES BREASHERS
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased APRIL (Month) 11 (Day) 1871 (Year)

8. AGE: Years 77 Months 2 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace Fristoe (City, town, or county) MO (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name F. M. SOUTHARD
13. Birthplace MO (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name NANCY PIPPEN
15. Birthplace MO (City, town, or county) (State or foreign country)
16. (a) Informant Luther Breashers
(b) Address Fristoe, MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JUNE 29, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Spring Branch Cemetery
18. (a) Signature of funeral director John T. Kerr
(b) Address Warsaw, MO
19. (a) 6-28-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 26 year 1948 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from 21 June, 1948, to 26 June, 1948 that I last saw her alive on 26 June, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal Obstruction	4 days
Due to: Carcinoma of the Sigmoid Colon	Unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death): Hypertensive Cardiovascular Disease	
Major findings: Of operations: Carcinoma of the Sigmoid Colon	
Of autopsy: H&E	

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 David H. Glenn (M.D. or other) M.D.
Address WARSAW, MO Date signed 27 June 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-7-48

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed John T. Rose

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.