FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 27 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23004

Registration District No. 144 — Primary Registration District No. 4235 — Registrar's No. 17

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

1. PLACE OF DEATH:
(a) County Iron
(b) City or town Annapolis, Mo.
(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
In this community 45 Yrs. 2 Months, 25 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Iron
(c) City or town Annapolis
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sarrah Elizabeth Dunn
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Dunn
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased March 10, 1903 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
45	2	25	hr. min.

9. Birthplace Annapolis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Drew Hamilton
13. Birthplace Iron Mountain, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarrah Carrahan
15. Birthplace Annapolis, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant William Dunn
(b) Address Annapolis, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation Des Arc, Missouri
18. (a) Signature of funeral director C. A. Howell
(b) Address Ironton Mo.
19. (a) 7-12-48 (Date received local registrar) (b) Avis Jones (Registrar's signature) 128

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1948 hour 5 minute A.M.
21. I hereby certify that I attended the deceased from October, 1947, to June 1, 1948; that I last saw her alive on April, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	16 mos.
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 C. H. Jones (M. D. ~~or other~~)
Address Pierce Mo. Date signed 8-5-48

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 C. A. Howell

Licensed Embalmer No. 3670

P. O. Address Houston 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.