No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

Registration District No. 36

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5499

State File No. 26062

Registrar's No. 9

1. PLACE OF DEATH:
(a) County: Harrison
(b) City or town: Hatfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Harrison 41
(c) City or town: Hatfield
(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: no

3. (a) PRINT FULL NAME: Sarah Jane Mitchell
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Edward
6. (c) Age of husband or wife if alive: 85 years
7. Birth date of deceased: November 1, 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
78	9	21	hr. min.

9. Birthplace: Nodaway County, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: Farm.
FATHER
12. Name: Adam Tripp
13. Birthplace: do not know 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Arjane Risse
15. Birthplace: do not know 9 (City, town, or county) (State or foreign country)
16. (a) Informant: Opal Beeks
(b) Address: Bethany, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: August 24. (Month) (Day) (Year)
(c) Place: burial or cremation: Highland, Eagleville
18. (a) Signature of funeral director: [illegible]
(b) Address: Bethany, Mo.
19. (a) 8-26-48 (Date received local registrar) (b) Chas. A. Gay (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 22 year: 1948 hour: 1 minute: 10 A.M.

21. I hereby certify that I attended the deceased from Aug 15, 1948, to Aug 22, 1948, that I last saw her alive on Aug 21, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 wk
Due to: Arteriosclerotic Cardio-Vascular Disease	10 yrs +
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 0 B D	
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: Frank B. Mettram M.D. (M.D. or other)
Address: Grant City, Mo. Date signed: Aug 24/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 M. B. Haas
M. B. Haas.
Licensed Embalmer No. 3899

P. O. Address Bethany, 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.