S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

26766

State File No. .....

Registration District No. 137

Primary Registration District No. 3028

Registrar's No. 186

19
1
3

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

1. PLACE OF DEATH:

(a) County: Jasper

(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McCune Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 49

(c) City or town: Reeds 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: None

3. (a) PRINT FULL NAME: Sarah Gertrude WILLOUGHBY

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: John T. Willoughby

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

7. Birth date of deceased: July (Month) 4, (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
75	1	10	..... hr. ..... min.

9. Birthplace: Sarcoxie, (City, town, or county) Mo. (State or foreign country) 10

10. Usual occupation: Housewife

11. Industry or business: None

FATHER
12. Name: Daniel Dodson 9
13. Birthplace: ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name: Gertrude Prigmore
15. Birthplace: Reeds, (City, town, or county) Mo. (State or foreign country) 10

16. (a) Informant: Mr. H. L. Willoughby
(b) Address: Reeds, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Dudman

18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.

19. (a) 8-14-48 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature) 137 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th.
year 1948 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19...., to Aug 14, 1948
that I last saw her alive on Aug 13, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary embolism 3-5	minutes
Due to: Diabetic arteriosclerosis + gangrene at lower extremity	about 1 month
Due to: Diabetes mellitus	unknown
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: H. E. Byrd M.D. (M. D. or other)
Address: Carthage Mo Date signed: 14 Aug 48

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

48-8-705

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 S. Kennedy

Licensed Embalmer No. 4194

P. O. Address _____

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.