

FILED AUG 17 1948

Registration District No. **282**Primary Registration District No. **4424**Registrar's No. **95**

1. PLACE OF DEATH:

(a) County **Polk**
 (b) City or town **Humanville**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Brown Nursing Home #4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community **2 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **SARAH G. ERWIN**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **George Erwin** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **July 1, 1869**
 (Month) (Day) (Year)

8. AGE: Years **78** Months **11** Days **2** If less than one day _____ hr. _____ min.9. Birthplace **Goodson Mo. 0**
(City, town, or county) (State or foreign country)10. Usual occupation **House keeper**11. Industry or business **House work**12. Name **Rebecca Cadden**13. Birthplace **unknown**
(City, town, or county) (State or foreign country)14. Maiden name **unknown**15. Birthplace **unknown**
(City, town, or county) (State or foreign country)16. (a) Informant **Grace Cadden**(b) Address **Humanville, Mo.**17. (a) **Burial** (b) Date thereof **June 5, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **City Cemetery, Humanville**18. (a) Signature of funeral director **Erwin A. Blue**(b) Address **Humanville, Mo.**19. (a) **Aug 14, 1948** (b) **Ruth Anderson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk 84**
 (c) City or town **Humanville**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **West Broadway**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3**
year **1948** hour **9** minute **00 P.M.**21. I hereby certify that I attended the deceased from **May 2**, 1948, to **May 3**, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia** Duration **36 hrs**
 Due to **Chronic endocarditis** yes
 Due to **secondary anemia** -

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____Of autopsy **10**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **P. E. Wetzel** (M. D. or other) **DR.**
Address **Humanville, Mo.** Date signed **6-4-48**

MAR 2 1950

RECEIVED

District Health Officer No. 7

District File Number 7-48-947

Date Filed 8-16-48

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

E. H. Pinner

Licensed Embalmer No.

4282

P. O. Address

Humaneville

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.