

No. 2
5-43
5-17-39
X35671

FILED OCT 4 1948
Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **826**

1. PLACE OF DEATH:

(a) County **Greene**

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

(c) Name of hospital or institution:
1625 E. Brower
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days) **1 yr.**

In this community..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Douglas**

(c) City or town **Mt. Tabor**
(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 Pellham**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Jasper Pellham**

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

7. Birth date of deceased **Dec. 18 1868**
(Month) (Day) (Year)

8. AGE: Years **79** Months **9** Days **12** If less than one day hr. min.

9. Birthplace **Ozark County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Unknown**

13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Jane Welch**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Homer Pellham (Son)**

(b) Address **Rt. #5, St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 1, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Taylor - near Ava, Mo.**

18. (a) Signature of funeral director **Clinkingbeard**

(b) Address **Ava, Mo.**

19. (a) **9-30-48** (b) **W. E. Hordley M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **30**
year **1948** hour **1:** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **Aug. 2** 19**48** to **Sept. 30** 19**48**
that I last saw h. **er** alive on **Sept. 30** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Vascular Accident**

Due to **Hypertensive cardiovascular disease**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **938**

Of autopsy

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?

23. Signature **W. E. Hordley M.D.** (M. D. or other) **MD**

Address **1630 N. Jefferson Ave** Date signed **30 Sept 48**

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

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.....

Licensed Embalmer No.....

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.