

BIRTH NO. REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3053 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>Pack</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pack</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Palover</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Palover</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>316 Dunnegan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>316 Dunnegan St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Annie</u> c. (Last) <u>Ware</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 24 1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 8 1876</u>
9. AGE (If years: If under 1 year: If under 12 mos. last birthday: Months Days Hours Min.) <u>77 10 16</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		11b. BIRTHPLACE (City and State or Foreign Country) <u>Pack Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joseph Carter</u>	
13b. MOTHER'S MAIDEN NAME <u>Amena Stone</u>		14. NAME OF HUSBAND OR WIFE <u>Charley Ware</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>None</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Subarachnoid hemorrhage</u> DUE TO (c) <u>Arterio-sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>330 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1944, 1949, to June 24, 1954, that I last saw the deceased alive on June 23, 1954, and that death occurred at 8:10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Miss Dumbauld 23b. ADDRESS 22 Bolivar Mo 23c. DATE SIGNED 6-28-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 28/54 24c. NAME OF CEMETERY OR CREMATORY Barren Creek Cemetery 24d. LOCATION (City, town, or county) (State) Palover Mo

DATE REC'D BY LOCAL REG. 6-28-1954 REGISTRAR'S SIGNATURE Ralph Gordon 25. GENERAL DIRECTOR'S SIGNATURE Carroll Blue ADDRESS Palover Mo

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

0841

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.