

FILED FEB 7 1944

Registration District No. ~~19~~

Primary Registration District No. 5354

1. PLACE OF DEATH:

(a) County ~~Greene~~ Dallas
(b) City or town ~~Greene~~ Dallas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sheridan Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Missouri~~ Texas
(b) County ~~Greene~~ Dallas
(c) City or town ~~Greene~~ Dallas
(If outside city or town limits, write "RURAL")
(d) Street No. ~~_____~~ Sheridan Hosp
(If rural, give location)
(e) Citizen of foreign country? ~~no~~ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Frances Beckwith

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

4. Sex ~~F.~~ M. 5. Color or race ~~W.~~ C. 6. (a) Single, widowed, married, divorced

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

7. Birth date of deceased Jan 2 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace ~~Greene Co Missouri~~ ~~_____~~
(City, town, or county) (State or foreign country)

10. Usual occupation ~~at home~~

11. Industry or business ~~house work~~

12. Name ~~Newton Bass~~

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

14. Maiden name ~~Johnnie Atkins~~

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

16. (a) Informant ~~Raymond Beckwith~~

(b) Address ~~Bl. Fair Grove Mo~~

17. (a) ~~Burial~~ (b) Date thereof Jan 14 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ~~Mo State Cemetery~~

18. (a) Signature of funeral director ~~Johnnie Atkins~~
(b) Address ~~Springfield Mo~~
19. (a) Jan 20 - 1944 (b) ~~Uma A. Moore~~
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 13 day
year 1944 hour 5 minute 25 am

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw h_____ alive on Jan 12
and that death occurred on the date and hour stated above.

Immediate cause of death ~~Influenza~~ Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) _____

23. Signature ~~Albert Sparkle~~ (M. D. or other)
Address ~~Fair Grove Mo~~ Date signed ~~1-13-1944~~

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

30
00

1124

Death Officer No. 7;
District File Number 1-44-8
Date Filed 2-2-44

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

Roy A. Carvin

Licensed Embalmer No.

1763

P. O. Address

Springfield, 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.