

No. 2  
11-10-39  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN - 8 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40905

State File No. \_\_\_\_\_

Registration District No. 144

Primary Registration District No. 5562

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural - Acadia Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
The Home for aged Baptists, Iron, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 days  
(Specify whether \_\_\_\_\_)

In this community 22 days  
years, months or days)

3. (a) PRINT FULL NAME Mrs Sarah E. Duell

3. (b) If veteran, name war V

3. (c) Social Security No. V

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Sept 26 - 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 — 2 21 hr. min.

9. Birthplace Clarksburg MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name R. W. Robertson

13. Birthplace Clarksburg MO  
(City, town, or county) (State or foreign country)

14. Maiden name Mariama Hinson

15. Birthplace Clarksburg MO  
(City, town, or county) (State or foreign country)

16. (a) Informant D. J. Scott

(b) Address Ironton MO

17. (a) Removed (b) Date thereof 12-18-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tipton Missouri

18. (a) Signature of funeral director Thomas White Sr

(b) Address Ironton Mo

19. (a) 12-20-42 (b) Virginia R. Miller  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Iron

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. The Home for aged Baptists  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17<sup>th</sup>  
year 1942 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from Nov. 28<sup>th</sup>, 1942 to Dec. 17<sup>th</sup>, 1942  
that I last saw her alive on Dec. 16<sup>th</sup>, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure

Due to chronic myocarditis

Due to hypertensive heart disease

Other conditions Senility  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature P. E. Farland (M. D. or other) \_\_\_\_\_  
Address Ironton, Mo Date signed 12/18/42

Duration 12/16/42

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

47  
0  
0

1282

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4  
District File Number 143-1579  
Date Filed 1-7-43

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**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 Prueff White  
Licensed Embalmer No. 2012  
P. O. Address Spokane

**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, above space should be left blank.**