S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 1 1948
Registration District No. 24

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3046

State File No. 30442

Registrar's No. 30

1. PLACE OF DEATH:
(a) County: Moniteau Co
(b) City or town: California, Mo — Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: California, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether
In this community: 31 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Moniteau
(c) City or town: California, Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: Gen Del
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Sarah Elizabeth Lance
3. (b) If veteran, name war: No
3. (c) Social Security No.: No

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 2 (Day) 1845 (Year)

8. AGE: Years 103 | Months 4 | Days 16 | If less than one day: hr. min.

9. Birthplace: Alanta (City, town, or county) Georga (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business:

MOTHER
12. Name:
13. Birthplace: (City, town, or county) (State or foreign country)

FATHER
12. Name: Josiah Woody
13. Birthplace: Georga (State or foreign country)

MOTHER
14. Maiden name: Amanda Bujan
15. Birthplace: Georga (City, town, or county) (State or foreign country)

16. (a) Informant: Olive Miller
(b) Address: California, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 21. 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Masonic Cemt. California
18. (a) Signature of funeral director: Bowlin Funeral Home
(b) Address: California, Mo
19. (a) 9-20-48 (Date received local registrar) (b) T. R. Rogers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1948 hour 12/15 minute P.M.
21. I hereby certify that I attended the deceased from 8-23-48, 1948 to 9-19 1948
that I last saw h[illegible] alive on 9-16 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	3mo
Due to: Senile debility	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: L. L. Latham (M. D. or other)
Address: [illegible] Date signed: 9-20

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side) California Mo 48

RECEIVED
District Health Officer No. 9,
District File Number
SEP 30 1948
Date Filed

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

James M. Foley Registered Apprentice No. 219

working under my personal supervision.

Signed Earl R. Sanborn

Licensed Embalmer No. 2126

P. O. Address Tehipsonian, Me.

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.