

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6407

FILED MAR 19 1942  
Registration District No. 2213

Primary Registration District No. 3014

State File No.

Registrar's No. 46

1. PLACE OF DEATH:

(a) County. Cole  
(b) City or town. Jefferson City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1620 West Main Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)  
In this community. 23 years  
years, months or days)

3. (a) PRINT FULL NAME Sarah Ellen Sartain

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife. David W. Sartain 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years  
7. Birth date of deceased. October 7 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 4 11 hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name William Clark  
13. Birthplace Mass. (City, town, or county) (State or foreign country)  
14. Maiden name Mary Snodgrass  
15. Birthplace Miller County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant W. H. Sartain  
(b) Address Jefferson City, Missouri  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-20-1942  
(Month) (Day) (Year)

(c) Place: burial or cremation California, Missouri  
18. (a) Signature of funeral director Thos. J. O'Neil  
(b) Address Jefferson City, Missouri  
19. (a) 2-19-42 (Date received local registrar) (b) Charles Richter (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1620 West Main Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18 P  
year 1942 hour 5:45 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from February 8 1942 to Feb 18 1942  
that I last saw her alive on Feb 8 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Decompensation Heart Duration \_\_\_\_\_

Due to Arteriosclerosis

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?

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

23. Signature W. H. Sartain (M. D. or other) W. H.  
Address Jefferson City, Mo. Date signed 2-19-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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. *3890*

P. O. Address *Jefferson City 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.**