

No. 2
4-12-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

21295

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILLED JUL 18 1941

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 178

1. PLACE OF DEATH: Callaway
 (a) County Fulton
 (b) City or town _____
 (c) Name of hospital or institution: State Hospital No. 2
 (If outside city or town limits, write "RURAL" and name of township)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 yrs
 In this community 3 mos 7 days
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cole 14
 (c) City or town Jefferson City 1/2
 (If outside city or town limits, write "RURAL")
 (d) Street No. Don't know
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME UNA - SARTAIN
 3. (b) If veteran, name war NO
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 22
 year 1941 hour 2 minute 30 P.M.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Volney Sartain
 6. (c) Age of husband or wife if alive 6 - 1879 years
 7. Birth date of deceased April (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 21 1941 to June 22 1941
 that I last saw her alive on June 22 1941
 and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 2 Days 16
 If less than one day hr. _____ min. _____

Immediate cause of death Lobar pneumonia

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

Due to Chronic myocarditis
 Due to _____

10. Usual occupation Housewife

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

MOTHER FATHER
 11. Industry or business _____
 12. Name Louis Earnett
 13. Birthplace Cole County Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Reeves
 15. Birthplace Cynthiaville Mo
 (City, town, or county) (State or foreign country)

Major findings: Of operations none
 Of autopsy none

16. (a) Informant Records
 (b) Address _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) none
 (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? _____

17. (a) REMOVED (b) Date thereof JUNE 22 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation JEFFERSON CITY, MO

While at work? _____ (Specify type of place) (c) Means of injury _____

18. (a) Signature of funeral director Leo Wallace
 (b) Address Fulton Mo
 19. (a) June 22 1941 (b) R. N. Crew
 (Date received local registrar) (Registrar's signature)

23. Signature Joseph [unclear] (M. D. or other) [unclear]
 Address Fulton State Hospital Date signed 6/22/41

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

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 *James Q. Mudd*
Licensed Embalmer No. *4152*
P. O. Address *Fulton 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.