

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
(a) County Bates
(b) City or town Butler
(c) Name of hospital or institution 311 N Fulton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
(Specify whether years, months or days)

3. (a) PRINT Sarah Agnes Kinton.
FULL NAME
(b) If veteran, name war _____ No. _____
(c) Social Security No. _____
5. Color or race white
(6) Single, widowed, married, divorced, WIDOWED
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased July (Month) 5 (Day) 1867 (Year)

8. AGE: Years 76 Months 5 Days 39
If less than one day hr. min.
9. Birthplace Pan Chester MISSOURI (State or foreign country)
10. Usual occupation house wife

11. Industry or business
12. Name Samuel Ford
13. Birthplace Pan Chester MISSOURI (City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Rindwell MISSOURI (City, town, or county) (State or foreign country)
15. Birthplace Pan Chester MISSOURI (City, town, or county) (State or foreign country)
16. (a) Informant Maude Mae
(b) Address Butler, Mo.
(c) Date thereof Jan. 6 1944 (Month) (Day) (Year)
(d) Place: burial or cremation Oak Hill (City, town, or county) (State or foreign country)

17. (a) Signature of funeral director Butler
(b) Address Butler, Mo.
(c) Signature of local registrar Pauline Hampton
(This received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No. 311 N Fulton (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 3 hour 3 minute a M.
21. I hereby certify that I attended the deceased from Dec 20 1943 to Jan 3 1944 that I last saw her alive on Jan 3 and that death occurred on the date and hour stated above.
Immediate cause of death _____
Chr. Senesitized
Due to Arterio Sclerosis
Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)
Major findings: 93d
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to 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? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Pauline Hampton (M. D. or other) Jan 15 Date signed 1944
Address Butler, Mo.

RECEIVED
District Health Officer No. 7,
District File Number 44-1084
Filed 7, 1944

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 Lo. E. Culver
Licensed Embalmer No. 2576
P. O. Address Bethel, 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.