

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14487

FILED MAY 7 1947

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 155

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia

(c) Name of hospital or institution: City Hospital # 2
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 48 hours
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

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

(d) Street No. 408 N. Moniteau
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ELLA OUSLEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1947 hour Eleven minute _____ P. M.

21. I hereby certify that I attended the deceased from March 20 1947 to March 25 1947 that I last saw her alive on 3-25 and that death occurred on the date and hour stated above.

4. Sex M 5. Color of race W

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

6. (b) Name of husband or wife Silas Ousley

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

7. Birth date of deceased: 9 (Month) 1883 (Day) (Year)

Immediate cause of death Diabetic myocarditis

Due to Diabetes mellitus

Due to Toxemia

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

Major findings: Of operations _____

Of autopsy 61

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 64 Months 2 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Saline Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Self

12. Name Edward Lewis

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

14. Maiden name Fleming Green

15. Birthplace Saline Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Silas Ousley

(b) Address 408 N. Moniteau Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-28-47 (Month) (Day) (Year)

(c) Place: burial or cremation Fleming's Creek Saline Co Mo

18. (a) Signature of funeral director J. O. Fleckner

(b) Address 117 E. Jefferson Sedalia Mo

19. (a) 4-24-47 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

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) (c) Means of injury _____

23. Signature A. R. Wadcox (M. D. or other) M.D.

Address 116 1/2 W. Main Date signed 3-28-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-6-47

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 F. H. Longwood

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.