

No. 2
5-43
5-17-39
X36871

FILED DEC 1 1948

State File No. _____

Registration District No. 274

Primary Registration District No. 5933

Registrar's No. 328

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Highway # 65 - 11 mi North - Longwood Insip
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days 12 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No 804 N Mount 4
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ELI VERNON DUSLEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 2. Color or race N

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

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

7. Birth date of deceased 2 15 1921
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18 year 1948 hour 1:30 minute 0 M.

21. I hereby certify that I attended the deceased from 11/18/48 to _____ 19____

that I last saw him alive on _____ 19____ and that death occurred on the date and hour stated above.

8. AGE: Years 27 Months 9 Days 3 If less than one day, hr. _____ min. _____

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

10. Usual occupation Cook

Immediate cause of death Fire

Due to auto wreck

Due to Tire blow out

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

MOTHER FATHER

11. Industry or business _____

12. Name Eli Dusley

13. Birthplace Monticel Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Elba Lewis

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

16. (a) Informant Eileen Dusley

(b) Address Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-48
(Month) (Day) (Year)

(c) Place: burial or cremation Furns Creek, Saline Co Mo

18. (a) Signature of funeral director H. D. Seigler

(b) Address Sedalia Mo

19. (a) 11-18-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 70

(b) Date of occurrence 11/18/48

(c) Where did injury occur? Highway 65 - Pettis 80
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway

While at work? no (Specify type of place) (d) Means of injury car 2

23. Signature Dr. F. L. Holden (M.D. or other) Dr

Address 715 E. 2nd - Sedalia Mo Date signed 11/19/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-30-48

DEC 27 1948
ST. LOUIS, MO.

DEC 11 1948

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. W. Ferguson

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.