

REC'D AUG 26 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26167  
Do not use this space.

1. PLACE OF DEATH

(a) County Jettie Registration District No. 658  
(b) Township Sedalia Primary Registration District No. 6683022 Registered No. 211  
(c) City Sedalia (d) Street No. \_\_\_\_\_ St.  
(e) Length of residence in city or town where death occurred 0 yrs. mos. (ds. or) How long in U. S., M. of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Lou Medora Meredith 6339  
Sedalia Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. A. Meredith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-3-1856

7. AGE YEARS 81 MONTHS 8 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) Jan 1 1938 11. Total time (years) spent in this occupation 61

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Missouri

13. NAME Francis M. Burney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown North Carolina

15. MAIDEN NAME Sarah Lotopiech

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Tennessee

17. INFORMANT (ADDRESS) A. G. Dickman Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE First Grove DATE July 13 1938

19. FUNERAL DIRECTOR (ADDRESS) First Grove Mo

20. FILED 7-11 1938 Geo. Elder Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1938

22. I HEREBY CERTIFY That I attended deceased from 5:00 p.m. 1938, to 7:11, 1938. I last saw her alive on 7/11, 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1936

Other contributory causes of importance: Chronic interstitial nephritis 1936  
Arterio Sclerosis 1930?

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Geo. Elder, M. D. (Address) Sedalia Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Peyton E Mayo, Licensed Embalmer No. 3074

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Peyton E Mayo

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Peyton E Mayo

Licensed Embalmer No. ....

**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.)**