

REC'D FEB 25 1939

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

3431

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township Pettis Primary Registration District No. 3072 Registered No. 41
 (c) City Sedalia (d) Street No. 1706 S Vermont St. Mo.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
11 35 Ellis W. Holden 2
 2. PRINT FULL NAME
 (a) Residence, No. 1706 S Vermont St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Caucasian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Winnie Arnes Deas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 3 1850</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>9</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Stockman</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Trainer</u>		
10. Date deceased last worked at this occupation (month and year) <u>Nov. 1920</u>		11. Total time (years) spent in this occupation <u>190</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE & COUNTRY) <u>Went, England</u>		
13. NAME <u>Orville Elder</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Went, England</u>		
15. MAIDEN NAME <u>Jane Elder</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Went, England</u>		
17. INFORMANT (ADDRESS) <u>C. B. Strader, M.D. Sedalia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Hill</u> DATE <u>2-22-39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Ellis W. Holden</u> <u>Sedalia, Mo.</u>		
20. FILED <u>2-7-39</u> 1939 <u>Wm. Harry Sneed</u> Local Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1939

I HEREBY CERTIFY That I attended deceased from July 1 1939 to July 29 1939
 That saw him live on January 29 1939 Death is said to have occurred on the date stated above, at 9:20 P.M.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis, heart disease Date elapsed 1 year

Other contributory causes of importance:
Arterio-sclerosis, general and marked 4513

Name of operation None Date of None
 What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury None
 Where did injury occur? No injury
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
No injury
 Manner of injury No injury
 Nature of injury No injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify No
 (Signed) C. B. Strader, M. D.
 (Address) Sedalia, Mo.

RECEIVED
District Health Officer No. 8,
District File Number 218/39
Date Filed 2/18/39

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, _____

Geo Dillard

, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia 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, above space should be left blank.