

JUL 17 1939

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

22925
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 665
(b) Township 1 Primary Registration District No. 3032
(c) City Sedalia (d) Street No. _____ St.
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 193

2. PRINT FULL NAME

(a) Residence, No. 213 W. Cooper 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

3. SEX <u>F</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julie Turner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 17 1877</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>2</u>
	DAYS <u>25</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year)	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ottumwa Mo</u>	
	13. NAME <u>Walker Hagen</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ottumwa Mo</u>	
	15. MAIDEN NAME <u>Bettie Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Calvary Colmo</u>	
17. INFORMANT (ADDRESS) <u>Marie Johnson St Louis Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sedalia Mo</u> DATE <u>June 15 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>F. D. Ferguson Sedalia Mo</u>		
20. FILED <u>6-15-39</u> <u>Mrs Harry Sneed</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 - 1939

22. I HEREBY CERTIFY That I attended deceased from Dec 12 - 1938 to June 15 - 1939
I last saw her alive on June 12, 1939 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy
Other contributory causes of importance: Hypertension, Phlebotomy
Name of operation _____ Date of _____
What test confirmed diagnosis? Brain 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? no
If so, specify _____
(Signed) A. R. Woodcox M. D.
(Address) 116 S. W. Main

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

etc
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RECEIVED
District Health Officer No. 8,
District File Number
7/12/39
Date Filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.