

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

26507

Do not use this space.

DEED AUG 14 1939

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township Sedalia Primary Registration District No. 6685032 Registered No. 233
 (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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 380 Barabara, White St. Corner Ohio & Pacific
 (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 <u>Female</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Stillborn</u>		
7. AGE YEARS <u>X</u>	MONTHS <u>Stillborn</u>	DAYS <u>Stillborn</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>X</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>X</u>	
	10. Date deceased last worked at this occupation (month and year) <u>X</u>	
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sedalia Missouri</u>		
FATHER	13. NAME <u>Henry White</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bonisville Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Christian</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bonistrop Louisiana</u>	
17. INFORMANT (ADDRESS) <u>Henry White</u> <u>Corner Ohio & Pacific</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sedalia</u> DATE <u>July 27</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>F. D. Ferguson</u> <u>Sedalia</u>		
20. FILED <u>July 27, 1939</u> <u>Ans Harry Sneed</u> <u>Local Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1939

22. I HEREBY CERTIFY, That I attended deceased from July 27 1939 to July 27 1939
 I last saw her alive on not at all 19____. Death is said to have occurred on the date stated above, at 20 21 m.
 The principal cause of death and related causes of importance were as follows:
premature birth 7 mos
(no cause found for premature labor)
 Other contributory causes of importance:
premature respiration
Brain hemorrhage
 Name of operation none Date of none
 What test confirmed diagnosis? chem 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) Richard M. D. (Address) Sedalia Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8/29

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. D. Ferguson

Licensed Embalmer No. *2172*

P. O. Address *Idalia*

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.