

REC'D SEP 21 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29895

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 665
 (b) Township Sedalia Primary Registration District No. 3032
 (c) City Sedalia (d) Street No. 621 W 15th 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. 621 W 15th 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 - 1939

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo

13. NAME Claude Woolery
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Mo

15. MAIDEN NAME Ruth Sampson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo

17. INFORMANT (ADDRESS) Claude Woolery
Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 8-7-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) McLaughlin Bros
Sedalia

20. FILED 8-7-1939 Wm Harry Sneed Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5-1939

22. I HEREBY CERTIFY, That I attended deceased from at birth, 1939, to 8-5-1939. I last saw her alive on 8-5-1939. Death is said to have occurred on the date stated above, at 1:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Immaturity Date of onset

Other contributory causes of importance: 154

Name of operation Date of
 What test confirmed diagnosis? 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 no, 1939
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) W J Bishop, M. D.
 (Address) Sedalia Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/7/39

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, _____

Ralph E. Baker

or by _____

Registered Apprentice No. _____, working under my personal supervision

Signed _____

Ralph E. Baker

Licensed Embalmer No. _____

P. O. Address _____

*2419
Seelalaia*

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.