

1939 OCT 17 1939

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

33201
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township Primary Registration District No. 3092 Registered No. 279
(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. 612 W Pettis 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 M 4. COLOR OR RACE negro 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) July 1 - 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 20

OCCUPATION 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

FATHER 13. NAME Lewis Curod

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgetown Mo

MOTHER 15. MAIDEN NAME Jessie Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desoto Mo

17. INFORMANT (ADDRESS) Lewis Curod 612 W Pettis

18. BURIAL, CREMATION, OR REMOVAL PLACE Georgetown DATE Sept 23 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Alexander 400 W Cooper St

20. FILED Sept 23, 1939 Mrs Harry S. Need Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/20 1939

22. I HEREBY CERTIFY, That I attended deceased from 9/20, 1939, to 9/20, 1939

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Thrombulation Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) St W C Dancy, 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.

1 X14025

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10/10/39

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,

Priscilla DePender

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Priscilla DePender*

Licensed Embalmer No. *3572*

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.

I find baby was left alone
with bottle of milk. 9 h.

Came to yard & caused strangulation
— by Mrs Harry Sneed
Req. Vital Statistics

Paste on back