

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

Carls  
**40484**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Pettis Registration District No. 668  
 (b) Township Sedalia Primary Registration District No. 6683032 Registered No. 329  
 (c) City Sedalia (d) Street No. Bothwell Hospital 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**

232  
 (a) Residence, No. 301 East 4th. St.   
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
17 10 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Sedalia  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Geo. E. Stephens

14. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Willie Ernie Milton

16. BIRTHPLACE (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

17. INFORMANT J.W. Estes  
 (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lion Park DATE DEC 1, 1939

19. FUNERAL DIRECTOR (NAME) Gillespie Funeral Home  
 (ADDRESS) Sedalia, Mo.

20. FILED Dec 1 19 37 Mrs Harry Sneyd Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1939, to Nov 29, 1939

I last saw him alive on Nov 29th, 1939 Death is said to have occurred on the date stated above, at 12.10 p.m.

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

Left Sided Pneumonia Date of onset 11-23-39  
Acute Nephritis (Int.) 11-24-39

Other contributory causes of importance:  
Influenza - Chr Bronchitis 11-11-39  
Secondary Anemia ?

Name of operation None Date of

What test confirmed diagnosis? Finding Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury

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 None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No  
 (Signed) Dr. Carlisle M. D. M. D.

21-39 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.

APR 3 1946

RECEIVED  
District Health Officer No. 8,  
District File Number  
65/8121

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 Geo Dillard  
Licensed Embalmer No. 3268  
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.