

JAN 15 1940

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

44285
Do not use this space.

1. PLACE OF DEATH
(a) County Pettis Registration District No. 668
(b) Township Sedalia Primary Registration District No. 8032
(c) City Sedalia (d) Street No. 1305 Prospect 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 Sarah Elizabeth Tipton
(a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. J. Tipton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. about 78
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. House Wife
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) Pettis Co. Missouri
13. NAME Kneelous McHenry 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 9
15. MAIDEN NAME Do not know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know
17. INFORMANT S. J. Bartlett
(ADDRESS) 1305 S. Prospect Sedalia
18. BURIAL, CREMATION, OR REMOVAL
PLACE Houstonia DATE 12-15-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Laughlin Bear Sedalia Mo
20. FILED 12-15-39 Mrs. Harry Sneed
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9 1939
22. I HEREBY CERTIFY, That I attended deceased from as coroner case only, 1939.
I last saw as coroner case only 1939. Death is said to have occurred on the date stated above, at 6:00 P.M.
The principal cause of death and related causes of importance were as follows:
Fractured skull as result of automobile accident.
Date of onset _____
Other contributory causes of importance: 2 ID MI
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? accident Date of injury 12-9-39
Where did injury occur? Sedalia Missouri
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury hit by automobile while crossing highway
Nature of injury fractured skull
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Gordon Stauffer, M. D.
(Address) Coroner of Pettis County Sedalia Mo

K. 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.

RECEIVED
District Health Officer No. 8,
District File Number
11/2/40

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..... *Robert H. Reed*
Licensed Embalmer No. *3745*
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.