

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

7725
Do not use this space.

FILED MAR 14 1940

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township 0 Primary Registration District No. 3D32 Registered No. 86
 (c) City Sedalia (d) Street No. Hospital No. 2 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. 516 Viola Chambers St. (If nonresident, give city or town and State)
216 W Cooper (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 29, 1909
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 11 26

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 Jim Stevens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER 15. MAIDEN NAME Royella Chambers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia MO

17. INFORMANT Royella Chambers (ADDRESS) 216 W Cooper St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Glenwood DATE Feb 29, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fun. Alliance 1400 W Cooper

20. FILED 2-29-1940 Mrs Harry Sued Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24th-1940

22. I HEREBY CERTIFY, That I attended deceased from 2-5-1940 to 2-24-1940. I last saw him alive on 2-24-1940. Death is said to have occurred on the date stated above, at 8:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset 1/21
Acute Peritonitis

Other contributory causes of importance:

Acute Appendicitis
Secondary Bacteremia

Name of operation Appendectomy Date of 2-24-1940
 What test confirmed diagnosis Smear 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? No
 If so, specify _____
 (Signed) A. R. Waddor M. D.
 (Address) 116 1/2 West Main

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

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 3-18-70

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,

Price Alexander

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Price Alexander*

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.