

FILED APR 6 1940  
Registration District No. 668

Primary Registration District No. 3032

State File No. \_\_\_\_\_  
Registrar's No. 128

1. PLACE OF DEATH:  
(a) County: Pettis  
(b) City or town: Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 909 N. 6th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 35 years  
(Specify whether years, months or days) 1 1/2

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Mo (b) County: Pettis  
(c) City or town: Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME: Mary E. O'Rannon  
3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex: F 5. Color or race: W 6. (a) Single, widowed, married, divorced: Single  
6. (b) Name of husband or wife: \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Sept 8 1896  
(Month) (Day) (Year)

8. AGE: Years: 52 Months: 6 Days: 18 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Hughesville Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: clerk in store

MOTHER FATHER  
12. Name: Thomas A. O'Rannon  
13. Birthplace: Pettis Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name: Elizabeth O'Rannon  
15. Birthplace: Pettis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Allen O'Rannon  
(b) Address: Sedalia Mo  
17. (a) La Monte (b) Date thereof: 3 28 40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: La Monte Mo

18. (a) Signature of funeral director: B. F. Vance  
(b) Address: La Monte Mo  
19. (a) 3-26-40 (b) Mrs. Harry Sneed  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/26 day \_\_\_\_\_ year 1940 hour 2 minute: 15 A. M.  
21. I hereby certify that I attended the deceased from 2/14, 1940, and that death occurred on the date and hour stated above. 3/26, 1940  
that I last saw him alive on 3/25, 1940

Immediate cause of death: Acute Bright's Dis. Duration: 7 days  
Due to: Influenza  
Due to: 118

Other conditions: Hypertension?  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify): \_\_\_\_\_  
(b) Date of occurrence: \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

28. Signature: Frank B. King (Specify type of place) \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address: Sedalia Mo (M. D. or other) \_\_\_\_\_  
Date signed: 3/26/40

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
V. S. No. 2. 60M-5-17-39 Rev. 5-17-39 1 x1951

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.

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE APR 6 - 1930

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**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 *D. J. Parker*  
Licensed Embalmer No. 1594  
P. O. Address.....

**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.**