

Registration District No. _____

Primary Registration District No. 3032

Registrar's No. 167

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: Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
In this community unknown (Specify whether years, months or days)

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. 720 W. Pacific
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1940 hour _____ minute 54 M.
21. I hereby certify that I attended the deceased from Feb - 28
1940 to April 30, 1940
that I last saw her alive on 4 - 30, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
(Myocardial Infarction)
Due to Heart

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Chronic parenchymatous nephritis
Major findings: _____
Of operations: _____

Of autopsy _____

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?
906 _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C.R. Woodcox (M. D. or other)
Address 116 1/2 W. Main Date signed 4-30-40

3. (a) PRINT FULL NAME MINNIE JACKSON 250

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 6. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jackson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 27 1914
(Month) (Day) (Year)

8. AGE: Years 66 Months 3 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Private Residence 9

12. Name Unknown 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Rec #2
(b) Address Sedalia

17. (a) Sedalia (b) Date thereof 5-2-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia

18. (a) Signature of funeral director F. D. Ferguson
(b) Address Sedalia

19. (a) May 2, 1940 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number-----

Date Filed 5-15-40-----

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-----

Licensed Embalmer No.-----

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.