

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15766

State File No. _____

Registration District No. 668

Primary Registration District No. 3032 Registrar's No. 169

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: 668 East 16th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. (a) PRINT FULL NAME Charles W. Wareham 650

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence 6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased August 8 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 8 24 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business MKT RR Shops

12. Name Jacob Wareham

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

14. Maiden name Mitchell
(City, town, or county) (State or foreign country)

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Wareham

(b) Address Sedalia, Missouri

17. (a) BURIAL PARK (b) Date thereof 5/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia, Missouri

19. (a) 5-4-40 (b) Mrs. Mary Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 668 East 16th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1940 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 2, 1940, to May 2, 1940
that I last saw him alive on May 2
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 hours
Coronary Heart disease 4 or 5
Hypertension years

Due to _____
Other conditions (include pregnancy within 3 months of death) 940

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) no
(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? no

23. Signature John B. Sneed (M. D. or other) no
Address Sedalia Date signed 5/2/40

8844

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.....

L. E. Bouldin

Licensed Embalmer No.

3867

P. O. Address.....

Sadulie M.

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.