

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

501 MAY 17 1940

Registration District No. 468

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3032

State File No. 15771

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 20 years
years, months or days)

3. (a) PRINT FULL NAME Addie Pearl Underhill 536

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

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

6. (b) Name of husband or wife Geo. Wm. Underhill 6. (c) Age of husband or wife If alive 60 years

7. Birth date of deceased October 5, 1879 (Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Christison

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

14. Maiden name Mary White

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

16. (a) Informant George Sampson

(b) Address Sedalia, Mo. Gen. Del.

17. (a) Chillicothe, Mo. (b) Date thereof April 12, 1940 (City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation Hutchison Cemetery

18. (a) Signature of funeral director Duane Ewing

(b) Address Sedalia, Mo.

19. (a) April 11, 1940 (Date received local registrar) (b) Mrs. Harry Cneel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia, Mo. (If outside city or town limits, write "RURAL")
4 1/2 Miles south Grand Ave
(d) Street No. _____ (If rural, give location) Road.
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1940 hour 7 pm minute _____ M. _____

21. I hereby certify that I attended the deceased from Mar 18 to April 9, 1940
that I last saw her alive on Mar 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Right nasal region

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 57

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? _____

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

23. Signature E. Summary (M. D. or other) _____

Address 500 S. Grand Date signed 4/11-40

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 Duane Gennig

Licensed Embalmer No. 3847

P. O. Address Lebanon, 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.