

Bohling 19214  
State File No. 785  
Registrar's No. 185

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Registration District No. 668

Primary Registration District No. 3032

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

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(c) Name of hospital or institution: 1002 West 16th.  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(d) Street No. 1002 West 16th.  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Alice M. Livingston 152

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.  
6. (b) Name of husband or wife A.M. Livingston 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 3, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 3 20 hr. min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Headlee  
13. Birthplace Unkown  
14. Maiden name Mary Mitchell  
15. Birthplace Unkown

16. (a) Informant Mrs. E.W. Headlee  
(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof May 25, 1940  
(c) Place: burial or cremation Ash Grove, Mo.

18. (a) Signature of funeral director Gillespie Funeral Home  
(b) Address Sedalia, Mo.

19. (a) May 24, 1940 (b) Mrs. Harry Sneed  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23  
year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 15th 1938 to May 27th 1940  
that I last saw her alive on May 18, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death uterine carcinoma

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy no 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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature B. Bohling (M. D. or other) \_\_\_\_\_  
Address Sedalia Mo Date signed 5-24-40

RECEIVED  
District Health Officer No. 8,  
District File Number  
Case Filed 6-11-40

**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 L. E. Bouldin

Licensed Embalmer No. 3867

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.