

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
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1002 So. Ohio
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ellen Heckman 255
 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 Wid.
 6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 10 1845
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>94</u>	<u>9</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Robert Wilson

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

14. Maiden name Nancy Summersville

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

16. (a) Informant Mrs. H. E. Johnson

(b) Address 820 So. Vermont Sedalia, Mo.

17. (a) Burial (b) Date thereof June 22/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Chapel

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

(b) Address Sedalia, Mo.

19. (a) 6-22-40 (b) Mrs. Harry 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. 1002 So. Ohio
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
 year 1940 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1940 to June 20, 1940
 that I last saw her alive on June 20, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia

Due to Suppury 1868 2 cases

Due to Brown left humerus 10 2 cases

Other conditions Small intestine
(Include pregnancy within 3 months of death)
acute cholecystitis

Major findings: acute
 Of operations: none

Of autopsy none

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) accident

(b) Date of occurrence June 6, 1940

(c) Where did injury occur? In home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

9010 In home
 While at work? Retired (Specify type of place) (e) Means of injury Fell in floor

23. Signature Chas. ... (M. D. or other)

Address on Tolia Mo Date signed June 22 1940

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-11-40

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 Geo. Willard

Licensed Embalmer No. 3868

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.