

FILED AUG 21 1940
Registration District No. 668

Primary Registration District No. 3032

240234

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:
651 East 14th.
(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

3. (a) PRINT FULL NAME Marie Johana Eding 352

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

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

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

7. Birth date of deceased May 13 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 2 13 _____ hr. _____ min.

9. Birthplace East Prussia Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Herman Pohl

13. Birthplace East Prussia Germany
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Weltz

15. Birthplace East Prussia Germany
(City, town, or county) (State or foreign country)

16. (a) Informant O.H. Eding
(b) Address Sedalia, Mo. 651 East 14th.

17. (a) Burial (b) Date thereof July 28/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hulda, Benton Co.

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

19. (a) 7-29-40 (b) Mrs. Harry Smeed
(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. 651 East 14th.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1940 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from July 26, 1940, to July 26, 1940
that I last saw her alive on July 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arterio Sclerosis

Due to _____

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

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 [Signature] (M. D. or other) [Signature]
Address Sedalia Mo Date signed 7/27/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-9-40

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. D. Ireland

Licensed Embalmer No. 3868

P. O. Address Sudana Ma

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.