

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 207

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: 820 West Broadway 2
 (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)

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. 820 West Broadway
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
 year 1940 hour 5 minute 45 P. M.
 21. I hereby certify that I attended the deceased from 4-1-40
 _____, 1940, to Aug 5, 1940

that I last saw her alive on Aug 4, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Dementia 4 days

Due to arterio sclerosis 2 yrs
& senile dementia

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

Major findings:
 Of operations _____
 Of autopsy _____

Duration
 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) _____
 (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?
At home

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

23. Signature Dr. H. E. Brown (M. D. or other)
 Address 111 W. 9th St. Sedalia Mo Date signed 8-7-40

3. (a) PRINT FULL NAME Martha Frances Stanley 354

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 Robert A. Stanley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 15, 1853
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 9 20 hr. _____ min.

9. Birthplace Bracken Co Kentucky
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER { 12. Name William Regan 9

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

14. Maiden name King

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

16. (a) Informant W. O. Stanley

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof Aug. 7, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

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

19. (a) 8-7-40 (b) Mrs. Harry Sneed
 (Date received local registrar) (Registrar's signature)

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

FILED SEP 25 1940

Normal

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-11-40

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. H. DeLand

Licensed Embalmer No. 3868

P. O. Address Jedalia 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.