

No. 2
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17
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29334**

Registration District No. **664**

Primary Registration District No. **3039**

Registrar's No. **266**

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: **205 1/2 S. Ohio** **9**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **0 yrs.** **125**
years, months or days)

3. (a) PRINT FULL NAME **Charline Merchant**

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

4. Sex **F** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **Dec-25-1914**
(Month) (Day) (Year)

8. AGE: Years **25** Months **8** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **Alexandria La. La.** (City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

12. Name **unk** **9**

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

14. Maiden name **unk**

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

16. (a) Informant **Greg Wright**

(b) Address **Jefferson City Mo**

17. (a) **reburied** (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation **Alexandria La.**

18. (a) Signature of funeral director **Me Laughlin**

(b) Address **Sedalia**

19. (a) **4-23-40** (b) **Miss Harry Sneed**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **212 1/2 S. Ohio**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **22**
year **1940** hour **12** minute **05 a.** M.

21. I hereby certify that I attended the deceased from **as coroner case only**
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes mellitus**

Due to _____

Due to _____ **54**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **Same**

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? **9060** (Specify type of place) (e) Means of injury _____ **5**

23. Signature **Norton Daynard** (M. D. or other) **M.D.**

Address **Corner 7 Pettis, Co. Mo** Date signed **8-22-40**

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

MOTHER FATHER

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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.