

2-40
-39
K231

Registration District No. 668

Primary Registration District No. 3092

Registrar's No. 278

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

1. PLACE OF DEATH: Pettis
 (a) County Pettis
 (b) City or town Sedalia
 (c) Name of hospital or institution: Bothwell Hosp.
 (If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution 3 1/2 weeks
 In this community 20 yrs.
 years, months or days

3. (a) PRINT FULL NAME Peachantus Anita Luckey
 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 Married
 6. (b) Name of husband or wife Dale C. Luckey
 6. (c) Age of husband or wife if alive 34 years
 7. Birth date of deceased Sept 19 - 1905
 (Month) (Day) (Year)

8. AGE: Years 34 Months 10 Days 7
 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Thomas Wilson

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

14. Maiden name Do not know

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

16. (a) Informant Dale C. Luckey

(b) Address Sedalia

17. (a) Burial (b) Date thereof 8-29-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem Park

18. (a) Signature of funeral director Mc Laughlin Bros

(b) Address Sedalia, Mo

19. (a) 8-29-40 (b) Mrs. Harry Sreed
 (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. 520 1/2 So Osage
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
 year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 5, 1940, to Aug 26, 1940
 that I last saw her alive on Aug 26, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis (post-operative)

Due to Infected uterine polyp.

Due to 54 1/2

Other conditions Secondary anemia
 (Include pregnancy within 3 months of death)

Major findings: Infected uterine polyp.
 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?

906 (Specify type of place) While at work? (c) Means of injury

23. Signature Gordon J. Packer (M. D. or other) MD

Address Sedalia, Mo Date signed 8-30-40

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 G. E. Baker

Licensed Embalmer No. 2419

P. O. Address Seabrook

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.