

No. 2  
4-13-40  
-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 32787

Registration District No. 268  
OCT 19 1940

Primary Registration District No. 3032

Registrar's No. 278

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

1. PLACE OF DEATH  
(a) County PETTIS  
(b) City or town SEDALIA  
(c) Name of hospital or institution 417 NORTH MONTIEU  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 23 yrs.  
In this community 23 yrs.  
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. 417 N MONTIEU  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME JOSEPH EVERETT  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 2  
year 1940 hour 11:45 minute A M.

4. Sex MALE 5. Color or race NEGRO  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife STELLA EVERETT 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased SEPT.  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 2 1940 only, 1940;  
that I last saw him alive on Sept 2, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Duration 2 yr.

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

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

Due to ASC

10. Usual occupation TEAMSTER

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business TRANSFER

Major findings: Of operations \_\_\_\_\_

12. Name JOHN EVERETT

Of autopsy \_\_\_\_\_

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

14. Maiden name FRANCIS  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Joseph Everett

(b) Address Sedalia, Mo

17. (a) BAXTER SPRING Mo. Date thereof 9-4-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BAXTER SPRINGS, ILL.

18. (a) Signature of funeral director M. C. Langford  
(b) Address Sedalia

19. (a) 9/3/40 (b) Mrs Harry Sneed  
(Date received local registrar) (Registrar's signature)

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? 900 in  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature A. W. Walter (M. D. or other) IMW  
Address Sedalia Mo Date Sept 3/1940

RECEIVED  
District Health Officer No. 8,  
District File Number 16-11-470  
Case filed

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

Robert H Reed

Licensed Embalmer No.

3745

P. O. Address

Sealvia

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, fact should be so stated above.