

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 668

Primary Registration District No. 000 3632

Registrar's No. 322

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:  
406 E. 5th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)  
In this community 83 years

8. (a) PRINT FULL NAME Georgiana Allen

3. (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 W. S. Allen 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 15, 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
83 11 15 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Felix Wright  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Patience Lacy  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Elliott  
(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof October 3, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Salem Cemetery

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

19. (a) 10/3/40 (b) Mrs. Harry Speed  
(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. 406 E. 5th Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30  
year 1940 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 29 10:30 PM, 1940, to Sept 30 1940, that I last saw him alive on Sept 30, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death  
Angina pectoris  
arterio sclerosis

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

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

Other conditions (include pregnancy within 3 months of death) ✓ 946

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

Of autopsy none

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Alfred S. Moore (M. D. or other) 1  
Address 111 W. 4th St. Sedalia, Mo. Date signed 9-30-40

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11-14-40

### 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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.