

No. 2  
13-40  
17-39  
1110

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39466

DEC 16 1940  
Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 357

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: Bothwell Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

In this community 40 years

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. 315 East 3  
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME ELLEN J LAY

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 15<sup>th</sup>, year 1940 hour 11:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 11-10-40, 1940, to 11-15- 1940.

that I last saw her alive on 11-15- 1940 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELIJAH F LAY

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased MARCH 20 1864  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Due to Arterio Sclerosis

Due to Advanced Age

Other conditions Arterio Sclerosis  
(Include pregnancy within 3 months of death)

8. AGE: Years 76 Months 7 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Wife

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

MOTHER FATHER { 12. Name DICKENSON

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

14. Maiden name MARY MOORE

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

16. (a) Informant Mrs Lela Chewinger

(b) Address Dayton Blvd. Chatternois Tenn

17. (a) Reburial (b) Date thereof 11/19/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chatternois Tenn

18. (a) Signature of funeral director M. Laughlin Burr

(b) Address Sedalia

19. (a) 11/16/40 (b) Mrs. Harry Sneed  
(Date received local registrar) (Registrar's signature)

PHYSICIAN \_\_\_\_\_

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

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

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? \_\_\_\_\_

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

(e) Means of injury \_\_\_\_\_

23. Signature R. J. Campbell (M. D. or other) \_\_\_\_\_

Address Sedalia Date signed 11-16-40

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 12-16-170

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**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..... *Sedalia 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, fact should be so stated above.**