

WED JAN 25 1941

Registration District No. 668

Primary Registration District No. 3232

Registrar's No. 395

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

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1. PLACE OF DEATH: Pettis

(a) County _____

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 314 East 10th.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 15 years years, months or days

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. 314 E 10th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Sallie Hart

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 Widowed

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

7. Birth date of deceased Aug. 20, 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Frank M. Powell

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

14. Maiden name Nancy Jane Yancey

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

16. (a) Informant Homer Hart

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof Dec. 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Boone, Co.

(d) Signature of funeral director _____

(b) Address Sedalia, Mo.

19. (a) 12/20/40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19th year 1940 hour 2:30 minute 15 M.

21. I hereby certify that I attended the deceased from 5th 1940 Dec 19 1940 that I last saw her alive on Dec 19th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pharyngeal Neoplasm

Due to Senility

Due to _____

Other conditions 121
(Include pregnancy within 3 months of death)

Major findings: 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? _____

23. Signature A. Campbell (Specify type of physician) (M. D. or other) _____
While at work _____ (e) Manner of injury _____
Address Sedalia, Mo. Date signed 12-20-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-14-41

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. Dillard*

Licensed Embalmer No. 3868

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.