

No. 2
13-40
17-39
X22159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11646**

APR 10 1941

Registration District No. **668**

Primary Registration District No. **3032**

Registrar's No. **113**

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

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Fifty Years. 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 2050 E. 7th. (If rural, give location)

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

3. (a) PRINT FULL NAME Anna Elizabeth Shull.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1941 hour 7.05 minute 0 M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 28th-1873.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 17
March, 1941 to Mar. 22., 1941
that I last saw her alive on Mar 22, 1941
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>8</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death Pneumo pneumonia

9. Birthplace Unknown in Kansas (State or foreign country)

10. Usual occupation Housewife.

Due to _____

Due to Influenza

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name Rowe Moore.

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

14. Maiden name Susan Carpenter.

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Andy Shull

(b) Address 2050 East 7th.

17. (a) Burial. (b) Date thereof 3-24th. 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

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

18. (a) Signature of funeral director Maude Ewing

(b) Address 117 West 7th St.

19. (a) 3-28-41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

While at work _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Sedalia Date signed 3/29.41

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-9-11

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: *Anne Ewing*
Licensed Embalmer No.: *3847*
P. O. Address: *Indala m. v.*

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.