

No. 2
1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Waller
State File No. 15455

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 110

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution Bothwell Hospital
(d) Length of stay: In hospital or institution 2 Days
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Rural
(d) Street No. Sedalia RFD # 5
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose Offenburger
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month March day 30
year 1941 hour 2 minute P M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife F.X. Offenburger 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 1 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 28 1941 to Mar 30 1941
that I last saw her alive on Mar 30 1941
and that death occurred on the date and hour stated above.
Immediate cause of death: Uraemia
Duration 2 da

8. AGE: Years 67 Months 10 Days 29 If less than one day _____ hr. _____ min.

Due to Chronic Parenchymatous Nephritis
Duration 2 mo

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

Due to _____
Other conditions (Include pregnancy within 3 months of death) 1318

10. Usual occupation Housewife
11. Industry or business _____
12. Name D.T.O'Gara
13. Birthplace Canada
14. Maiden name Hari Ogary
15. Birthplace Virginia

PHYSICIAN
Underline the cause to which death should be charged statistically.
Major findings: Of operations _____
Of autopsy _____

16. (a) Informant F.X. Offenburger
(b) Address Sedalia, Mo. RFD # 5.
17. (a) Burial (b) Date thereof April 4/41
(c) Place: burial or cremation Calvary Sedalia, Mo.
18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.
19. (a) April 3, 1941 (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? _____
(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 A.W. Waller (M. D. or other) _____
Address Sedalia, Mo. Date signed 4-2-41

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

RECEIVED
District Health Officer No. 8,
District File Number 5-19-41
Date 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.....
Geo. Pittman

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.