

STANDARD CERTIFICATE OF DEATH

Registration District No. **668**

Primary Registration District No. **3032**

Registrar's No. **152**

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:
1221 West Main Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
 In this community **Community 3 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1325 Charlotte**
(If rural, give location)
 (e) Citizen of foreign country?.....
 If yes, name country **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1**
 year **1941** hour **1** minute **30 A** M.

21. I hereby certify that I attended the deceased from
April 28 19**41** to **May 1** 19**41**
 that I last saw her alive on **April 30** 19**41**
 and that death occurred on the date and hour stated above.

Immediate cause of death
Ch. Intestinalis rephritis Duration

Due to.....
 Due to..... **1310**

Other conditions **Arterio Sclerosis**
(If not pregnancy within 3 months of death)
Ch. Myocarditis

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?
910

23. Signature **J. H. Boyer** (M. D. or other)
 Address **Sedalia Mo.** Date signed **5-2-41**

3. (a) PRINT FULL NAME **Lucy Wells Buck**

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 **Married**
 6. (b) Name of husband or wife **Frank Buck** 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **November 1 1875**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	6	0hr.min.

9. Birthplace **Benton County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business.....

MOTHER FATHER
 12. Name **David Potter** **9**
 13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Barney Wells**

(b) Address **1221 W. Main St., Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **5/2/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill Cemetery**

18. (a) Signature of funeral director **Gillespie Funeral Home**

(b) Address **903 S. Ohio, Sedalia, Missouri**

19. (a) **5-2-41** (b) **Mrs. Harry Swoed**
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. B,
District File Number
Date Filed 5-9-47

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.....

L. L. Boulchier

Licensed Embalmer No. *3867*

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.