

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 166

FILED JUN 12 1941

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: 505 W 71
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 yrs (Specify whether years, months or days)
 In this community 5 yrs

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. 505 W 71 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th
 year 1941 hour 2 P.M. - minute _____ M.
 21. I hereby certify that I attended the deceased from June 1 1936, to date 5-9-41, that I last saw her alive on May 9, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis
Chronic Myocarditis
 Due to _____
 Due to _____

Duration

Other conditions: None
 (Include pregnancy within 3 months of death)

Major findings: None
 Of operations _____

Of autopsy No

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) no
 (b) Date of occurrence _____
 (c) Where did injury occur? none (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)
 While at work _____ (e) Means of injury _____

23. Signature Noto Carlisle M.D. (M. D. or other) 1
 Address Sedalia Mo. Date signed 5-12-41

3. (a) PRINT FULL NAME Hannah Tafferty
 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 _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 25 1853
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>6</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Accarlam Sweden
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Olofa Lundvall
 13. Birthplace Sweden
 (City, town, or county) (State or foreign country)

14. Maiden name Mary
 15. Birthplace Sweden
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mae M. Clorkey
 (b) Address Sedalia Mo.

17. (a) Buried (b) Date thereof May 12-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mrs. Tafferty
 (b) Address Sedalia

19. (a) 5/12/41 (b) Mrs. Harry Smed
 (Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date filed 6-11-41

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..... *Robert H Reed*
Licensed Embalmer No..... *3745*
P. O. Address..... *Sedalia*

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.