

AUG 11 1941
Registration District No. 668

Primary Registration District No. 3092

Registrar's No. 230

1064

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

1. PLACE OF DEATH: *Pettis Sedalia*

(a) County *Pettis*

(b) City or town *Sedalia*

(c) Name of hospital or institution: *619 E. 13th / 1*
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: *Pettis 80*

(a) State *Mo* (b) County *Pettis*

(c) City or town *Sedalia* *6*
(If outside city or town limits, write "RURAL") *4*

(d) Street No. *1019 E 13*
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country *0*

3. (a) PRINT FULL NAME *Alice Irene Southard*

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *7* day *17* year _____ hour *12* minute *30* A.M.

21. I hereby certify that I attended the deceased from *July 15* to *July 17*, 1941, and that death occurred on the date and hour stated above.

4. Sex *7 1* 5. Color or race *w* 6. (a) Single, widowed, divorced, *Single*

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

7. Birth date of deceased *Dec 25 1936*
(Month) (Day) (Year)

Immediate cause of death *myingitis*

Due to *muscle*

Due to *35*

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

8. AGE: Years *4* Months *6* Days *23* If less than one day _____ hr. _____ min.

9. Birthplace *Sedalia Mo*
(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.

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name *Lee Southard*

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

14. Maiden name *Rachel Cook*

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

16. (a) Informant *Mrs J. G. Southard*

(b) Address *Sedalia*

17. (a) *Burial* (b) Date thereof *7/18/41*
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director *Ms. Laughlin*

(b) Address *Sedalia*

19. (a) *7/18/41* (b) *Miss 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? _____ (City or town) (County) (State)

(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 *J. P. Scavely* (M. D. or other) *40*

Address *Sedalia* Date signed *7/18/41*

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-6-41

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 Sealala

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.