

No. 2  
-1-4-41  
5-17-39  
X26390

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29052

FILED SEP 12 1941

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 247

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:  
600 East Boonville St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

In this community 40 years

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. 600 East Boonville St.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mattie Belle Hall

3. (b) If veteran, name war 11

3. (c) Social Security No. 11

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank D.

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb 20 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>57</u>	<u>5</u>	<u>15</u> hr. min.

9. Birthplace Lancaster, Ky.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Henry A. Dickerson

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

14. Maiden name Mattie Belle Brown  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Frank D. Hall

(b) Address 600 East Boonville

17. (a) Burial (b) Date thereof 8-6-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill, Sedalia

18. (a) Signature of funeral director Ewing Funeral Home

(b) Address 117 W. 7th

19. (a) 8-6-41 (b) Miss Harry Sreed  
(Date received local registrar) (Registrar's signature)

968 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4  
year 1941 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from Aug 3 / 1941  
August 19 41 to Aug 3 / 1941, 19 41  
that I last saw her alive on Aug 4, 19 41  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemiplegy  
(Left hemiplegy)

Duration 19 hrs

Due to 7 hypertension

Due to 43A

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none

Of autopsy none

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) none

(b) Date of occurrence none

(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

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Chas. [unclear] (M. D. or other) [unclear]

Address Sedalia, Mo. Date signed 8-5-41

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed  
9-10-44

**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.....

*John E. Myers*  
Licensed Embalmer No. *3220*  
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.**