

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

32247

FILED OCT 9 1941  
Registration District No. 668

Primary Registration District No. 3039

Registrar's No. 274

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: Bothwell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 22 Days  
In this community 35 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Claudia Mary Wingate

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 Chas. A. Wingate 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased Nov. 1 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 10 3 hr. min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Enos J. Woodward  
13. Birthplace Clay Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Johnson  
15. Birthplace Clay Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. A. Wingate  
(b) Address Sedalia, Mo. R F D # 1.

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

(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director Gillespie Funeral Home  
(b) Address Sedalia, Mo.

19. (a) 9/6/41 (b) Mrs. Harry Sneed  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Sedalia R R D # 1.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from June 1-4  
\_\_\_\_\_ 1941 Sept 4 1941  
that I last saw her alive on Sept 4 1941  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_  
Duration \_\_\_\_\_

Due to 2. Cerebral Hemorrhage  
Complete Paralysis  
Due to \_\_\_\_\_

Other conditions Diabetes in  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_  
(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? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. Mitchell (M. D. or other) Sept 6  
Address Sedalia Mo. Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
10-7-41  
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.....

*L. E. Boulton*

Licensed Embalmer No. *3867*

P. O. Address *Boulton 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.