

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **857431**
Registrar's No. **323**

FILED NOV 10 1941

Registration District No. **668**

Primary Registration District No. **8032**

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:
911 So. Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **22 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Ida Belle Witcher**

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 **Wid.**
6. (b) Name of husband or wife **William L. Witcher** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept. 10 1865**
(Month) (Day) (Year)

8. AGE: Years **76** Months **1** Days **22** If less than one day hr. _____ min. _____

9. Birthplace **Georgetown Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Step Wise**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah H. Murphy**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jack Gann**

(b) Address **Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 4-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Witcher Cem. Saline, Co. Gillespie Funeral Home**

18. (a) Signature of funeral director **Sedalia**
(b) Address _____

19. (a) **11/3/41** (b) **Mrs. Harry Sneed**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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. **911 So. Harrison**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **2**
year **1941** hour **12** minute **30** A.M.

21. I hereby certify that I attended the deceased from **Mar. 1941** to **Nov. 1941**
that I last saw him alive on **31 Oct.** and that death occurred on the date and hour stated above.
Duration _____

Immediate cause of death **Cardiac Insufficiency**
Due to **Senility**

Due to _____
Other conditions (Include pregnancy within 3 months of death) **938**

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? _____

While at work? (Specify type of place) _____ (e) Means of injury **0**

23. Signature **W. E. Best** (M. D. or other) _____
Address **Sedalia Mo.** Date signed **11/8/41**

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

8064

RECEIVED
District Health Officer No. 8,
District File Number
17-7-41
Photo 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.....

Geo. Dillard

Licensed Embalmer No. 3868

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.