

JAN 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42700

State File No.

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 363

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 220 W Morgan St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 yrs
(Specify whether years, months or days)
In this community 70 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis MO
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 220 W Morgan
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME AMANDA CHISM.

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

4. Sex F 5. Color or race Col. 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Serge Chism 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased Nov. 24, 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 18 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business
12. Name Burrell Jackson
13. Birthplace Ky
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Luger
15. Birthplace Ellon
(City, town, or county) (State or foreign country)

16. (a) Informant Fredonia Kingsbury
(b) Address Sedalia Mo
17. (a) Burial (b) Date thereof 12/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Springwood

18. (a) Signature of funeral director Mc Laughlin Bur
(b) Address Sedalia Mo
19. (a) 12/15/41 (b) ma Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1941 hour 11 minute 8 M.
21. I hereby certify that I attended the deceased from Jan 1-41 to Dec 12-41 that I last saw her alive on Dec 5-41 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency
Due to Disease of Valves of Heart
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 938
Of autopsy

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?

23. Signature W. M. ... (M. D. or other) 12/15/41
Address 118 1/2 W Main, Sedalia Mo Date signed

Duration 11 Mo
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

80
6
x

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-14-42

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 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.