

Registration District No. 668

Primary Registration District No. 3032

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

1. PLACE OF DEATH:

(a) County PETTIS  
(b) City or town SEDALIA, MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1217 W 4TH  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 Yrs. years, months or days

3. (a) PRINT FULL NAME LOUISE ADELIA LETTS

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 WIDOW  
6. (b) Name of husband or wife W. J. LETTS 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased MAR. 13 1864  
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace CENTERTOWN MO  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

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

MOTHER FATHER { 12. Name CHAS. GATLIFF  
13. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant MARIAN MITCHELL

(b) Address SEDALIA, MO.

17. (a) BURIAL (b) Date thereof 12-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL

18. (a) Signature of funeral director GILLESPIE FUNL. HOME

(b) Address SEDALIA

19. (a) 12/26/41 (b) Anna Berger  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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. 1217 W 4TH  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 24  
year 1941 hour 7 minute 00 A. M.

21. I hereby certify that I attended the deceased from December 14, 1941 to December 24, 1941  
that I last saw him alive on December 24, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Due to Coronary sclerosis  
Due to Chromyocarditis  
Essential Hypertension  
Other conditions \_\_\_\_\_  
(Include pregnancy within 8 months of death)

Major findings: Of operations 930  
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) (Mean of injury)  
23. Signature Anna Berger (M. D. or other) MD  
Address 12-26-41 Sedalia, Mo

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-14-42

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**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. Beuchler

Licensed Embalmer No. ~~3868~~ 3867

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.**