

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:
618 W COOPER
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME JESSIE C. ARNOLD

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

4. Sex F
 5. Color or race Negro
 6. (a) Single, widowed, married, divorced W
 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased Oct 19 1893
 (Month) (Day) (Year)

8. AGE: Years 48 Months 3 Days 8
 If less than one day _____ hr. _____ min.

9. Birthplace Sedalia Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Self

MOTHER FATHER
 12. Name Sam Bass
 13. Birthplace Calway Co Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Lucy Andree
 15. Birthplace Howard Co Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Ada Dodson
 (b) Address Sedalia

17. (a) Rural (b) Date thereof Jan 21 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hilldale Mo

18. (a) Signature of funeral director F. D. Ferguson

(b) Address Sedalia

19. (a) 1-20-42 (b) Mrs Anna Berger
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
 (c) City or town SEDALIA
 (If outside city or town limits, write "RURAL")
 (d) Street No. 618 W COOPER
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
 year 1942 hour 12 minute 30 A M.

21. I hereby certify that I attended the deceased from Sep 1 1942 to Jan 18 1942
 and that death occurred on the date and hour stated above.
 that I last saw u alive on Jan 17 1942

Immediate cause of death Calcemia
acute
 Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

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

23. Signature M. M. ... (M. D. or other) _____
 Address 1842 W Main, Sedalia Mo Date signed 1/19/42

Duration 19 47m
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10-22

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-10-42.....

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 F. H. Ferguson.....
Licensed Embalmer No. 2172.....
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.