

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 9 1942 36

Registration District No. 236

Primary Registration District No. 4143

Registrar's No. 8

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

29  
6  
0

1. PLACE OF DEATH

(a) County Dade  
(b) City or town Everton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 7 years  
years, months or days

3. (a) PRINT FULL NAME Sarah E. Petty

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

4. Female 5. Color of race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William E. Petty 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 9, 1859  
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

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

12. Name Joseph V. Grisham

13. Birthplace Female  
(City, town, or county) (State or foreign country)

14. Maiden name Polly Ann Wheeler

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. Petty

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade

(c) City or town Everton  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 18  
year 1942 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from FEB. 15, 1942, to FEB 18, 1942, that I last saw h. e. alive on FEB. 18, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death BACTERIAL ENDOCARDITIS

Due to 2.000m Parumonia Duration 7 days

Due to \_\_\_\_\_

Other conditions 108  
(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 \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

If this body is not embalmed, above space should be left blank.

RECEIVED

District Health Officer No. 6,

District File Number 343-281

Date Filed MAR 7 1942

JUL 19 1951

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 \_\_\_\_\_

*myself*

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *L. D. Dinniddie*

Licensed Embalmer No. 3786

P. O. Address Daderille Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes a violation of the law.)