

FILED MAR 16 1942  
Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 66

86  
66  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 1802 So Washington  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1802 So Washington  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13  
year 1942 hour 10 minute 45 P.M.  
21. I hereby certify that I attended the deceased from Jan 1-42  
to Feb 13 1942  
that I last saw her alive on Feb 13-42 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Acute myocardial infarction  
Due to Diabetes mel.  
Other conditions Cholelithiasis  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 61  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
(Specify type of injury) \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature J. E. Mitchell (M. D. or other) \_\_\_\_\_  
Address Sedalia Date signed 4/16

3. (a) PRINT FULL NAME REBECCA SUSAN CROFT

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 Geo Croft 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Jan 9 1862  
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation At Home

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

MOTHER FATHER { 12. Name William Patton

13. Birthplace 1 Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Russell St Louis

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

16. (a) Informant Mrs. Lena Bohon

(b) Address Sedalia Mo

17. (a) Burial (b) Date thereof 3/16/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Park

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia

19. (a) 2-16-42 (b) Mr. Anna Berger  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-12-42

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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 Jes. Dillard

Licensed Embalmer No. 3868

P. O. Address Adelia, 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.**