No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 6 6 8

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11575

Primary Registration District No. 3 0 3 2

Registrar's No. 95

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: 720 N. Grand / Sedalia (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: Life

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.: 720 N Grand (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: D

3. (a) PRINT FULL NAME: Mary A. England
3. (b) If veteran, name war: ..... 3. (c) Social Security No.: .....
4. Sex: Fe 1
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: E. R. England
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: May (Month) 22 (Day) 1898 (Year)

8. AGE: Years 43 | Months 9 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace: Sedalia (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business: .....
FATHER 12. Name: Daniel Buckley
13. Birthplace: ..... (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Mary Jane Guall
15. Birthplace: Sedalia (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: E. R. England
(b) Address: 720 N. Gr Sedalia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-9-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill
18. (a) Signature of funeral director: McLaughlin Bros
(b) Address: Sedalia Mo
19. (a) 3/9/42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1942 hour 11 minute 00 A. M.
21. I hereby certify that I attended the deceased from March 6 1942 to March 7 1942 that I last saw her alive on March 7 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral haemorrhage with left hemiplegia — Duration
Due to: essential hypertension
Due to: .....
Other conditions (Include pregnancy within 3 months of death): .....
Major findings: Of operations: 430
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury: D
23. Signature: Gordan Stauffacher (M. D. or other) MD
Address: Sedalia, Missouri Date signed: 3-9-42

(Licensed Embalmer's Statement on Reverse Side)

1

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-10-42

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 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.