

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 143

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
1210 E. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 3 weeks (Specify whether
In this community 3 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1210 E Broadway 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edith Murray

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Mar. 31 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 6 If less than one day
hr. min.

9. Birthplace 1 Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name H. N. Smith

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

14. Maiden name Anne Russell

15. Birthplace 1 Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jesse Smith

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 4-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo Hillard

(b) Address Sedalia Mo.

19. (a) 4/10/42 (b) Anna Berger
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 7
year 1942 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from 3-16 1942, to 4-7- 1942
that I last saw h. ea. alive on 4-7- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Hypertrophy and Hypertension

Due to Alcohol 2 ps

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 Alfred E. Mowbray (M. D. or other)

Address 111 W. Sedalia Mo. Date signed 4-10-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

80
6
4

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-18-42

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.....

Geo. Diamond

Licensed Embalmer No. 3868

P. O. Address.....

Dedalia

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.