S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15189

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 154

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: 523 W 6th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 23 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis 80
(c) City or town Sedalia 1
(If outside city or town limits, write "RURAL")
(d) Street No. 523 W 6 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lela May Tanksley
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race wh
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife R. H. Tanksley
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 27 (Day) 1870 (Year)

8. AGE: Years 72 Months 0 Days 18 If less than one day hr. min.

9. Birthplace Monroe Co. (City, town, or county) O Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name James H. Bridgford
13. Birthplace O. Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Susan D. Smiley
15. Birthplace O Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs W A Schein
(b) Address Sedalia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo.
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo
19. (a) 4/17/42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 15th
year 1942 hour 11 minute 45 P M.
21. I hereby certify that I attended the deceased from April 4, 1942, to apr 15, 1942
that I last saw her alive on April 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Glomerulas nephritis — Duration 1
Due to: Chronic Myocarditis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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
23. Signature J W Boger (M.D. or other)
Address Sedalia Mo Date 5/17/42

(Licensed Embalmer's Statement on Reverse Side)

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 Robert T. 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.

U. S. No. 2B
10M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15189

Registration District No. 668 Primary Registration District No. 3032 Registrar's No.

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:
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Lela M. Tanksley
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: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Mar (Month) 27 (Day) 1870 (Year)
8. AGE: Years 72 Months — Days 18 (If less than one day hr. min.)
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr Day 5 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute glomerulonephritis	
Due to following Chronic interstitial nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 13/a	
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
23. Signature H. Boyer M.D. (M. D. or other)
Address Sedalia Mo. Date signed 6/8/42

SUPPLEMENTARY