

FILED JUL 10 1942

Registration District No. 668

Primary Registration District No. 3032

80
6
4

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:
1420 Vermont!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
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. 1420 Vermont 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MALLIE BURRESS

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 S.O.

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

7. Birth date of deceased April 19 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation AT. HOME.

11. Industry or business _____

12. Name John W. Burress

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

14. Maiden name Julia Agnes Clancy

15. Birthplace Callaway Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Julia Burress
(b) Address Sedalia

17. (a) Burial (b) Date thereof 6-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia

19. (a) 6/20/42 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1942 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 18 1942 to June 18 1942
that I last saw him alive on June 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Progressive muscular atrophy (central)

Due to _____
Due to _____

Other conditions 82!
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____
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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature H. Russell (M. D. or other) Mo
Address Wendover Mo Date signed 6/20/42

1027

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-9-42

Handwritten notes:
admitted
from 8 0 42 42

Handwritten notes:
20-9-42 5:15 AM

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

P. E. Baker

Licensed Embalmer No.

2419

P. O. Address

Seclavia

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.