

No. 2
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X26360

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24983
State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 269

1. PLACE OF DEATH:

(a) County Pitts

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bathwell Hosp.
(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 Pitts 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL") 4

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____ 0

3. (a) PRINT FULL NAME No Name Given

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

4. Sex Male 0 Color White 5. (a) Single, widowed, married, divorced SO

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

7. Birth date of deceased July 28 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 10 min.

9. Birthplace Sedalia Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Albert Hall

13. Birthplace Sedalia Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Betty Carter

15. Birthplace Sedalia Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Hall

(b) Address Sedalia Mo

17. (a) Burial (b) Date thereof 7/30/42
(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) 7/30/42 (b) Mo Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 10:10 AM
7-28 1942 to 10:20 PM 7-28 1942
that I last saw him alive on 7-28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

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? _____

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

23. Signature J. M. Rodman M.D. (M. D. or other) _____

Address Sedalia, Mo Date signed 7-30-42

1022 (Licensed Embalmer's Statement on Reverse Side)

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

664

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-7-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.