

S. No. 7  
M. 1-41  
v. 5-17-39  
X28390

27891

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 4 1942

Registration District No. 274 Primary Registration District No. 3052

Registrar's No. 275

80  
6  
7

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: Bothwell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2 1/2 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 423 East 14  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME AMBROSE JOSEPH DEY  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 564-14-4743

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 2 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from 1st Aug 1942 to Aug 2 1942  
that I last saw him alive on Aug 2 1942 and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.  
6. (b) Name of husband or wife Lena Dey 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 25 1916  
(Month) (Day) (Year)

Immediate cause of death Fractured Skull  
Due to Automobile accident

8. AGE: Years Months Days If less than one day  
26 6 7 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 170°  
Of autopsy no

9. Birthplace Sedalia Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Laborer

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
Duration \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Ambrose Dey  
13. Birthplace \_\_\_\_\_  
14. Maiden name Lena Bell Street  
15. Birthplace Benton County Mo.  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Automobile accident  
(b) Date of occurrence Aug 1-1942  
(c) Where did injury occur? Sedalia Pettis Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on highway 16 1/2 north  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. C. Smiley (M. D. or other)  
Address Sedalia Date signed 8/3/42

16. (a) Informant Willie Dey  
(b) Address Sedalia, Mo.  
17. (a) Burial (b) Date thereof Aug 4 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Coving Hill  
18. (a) Signature of funeral director M. J. Langley  
(b) Address Sedalia, Mo.  
19. (a) 8/3/42 (b) Anna Berger  
(Date received local registrar) (Registrar's signature)

A.B.

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 9-3-42

**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.**