V. S. No. 2
0M—9-4-41
ev. 5-17-39
I X29484

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

27912

State File No.

FILED SEP 4 1942

Registration District No. 2294 Primary Registration District No. 3052 Registrar's No. 298

1. PLACE OF DEATH:
(a) County Pettis ~~Cooper~~
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General No. 2.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County ~~Cooper~~
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 204 west Cooper
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME Etta Yancey
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color or race Wholored 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Wm Yancey
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased July 5 1874 (Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 20 If less than one day hr. min.

9. Birthplace St Louis Mo. (City, town, or county) O (State or foreign country)
10. Usual occupation House wife
11. Industry or business

FATHER
12. Name Wm Watts
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Frances Diggs
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mr Wm Yancey
(b) Address Sedalia Mo. 29
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 42 (Month) (Day) (Year)
(c) Place: burial or cremation Glaacow Mo.
18. (a) Signature of funeral director Don Short
(b) Address Marshall Mo
19. (a) 8/28/42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

1022 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1942 hour 11 minute a. M.
21. I hereby certify that I attended the deceased from April 15 1942 to Aug 26 - 1942
that I last saw her alive on Aug 26 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Diabetes Mellitus
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Septicemia from
Major findings Of operations Gangrenous foot
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 C. R. Maddox (M. D. or other) M.D.
Address 116½ W. Main Date signed 8-28-42

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 Donald W Slot

Licensed Embalmer No. 375

P. O. Address Moosehead Me

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.