

FILED DEC 8 1942
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 365

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution City Hospital # 20
(d) Length of stay: In hospital or institution seventeen months
In this community nine years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Sedalia
(d) Street No. 412 N Washington
(e) Citizen of foreign country? No
If yes, name country 0

3. (a) PRINT FULL NAME EDWARD GILL JUNIOR

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov, day 8, year 1942 hour 4 1/2 minute A M.

3. (b) If veteran, name war World war #2 3. (c) Social Security No. _____

21. I hereby certify that I attended the deceased from Nov 8, 1942, to 19 that I last saw h. ✓ alive on ✓, 1942, and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race Negro 6. (a) Single, widowed, married, divorced, single

Immediate cause of death internal hemorrhage from a stab in right side of chest with a sharp instrument
Due to _____

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

7. Birth date of deceased: Mar 31 1918
(Month) (Day) (Year)

8. AGE: Years 24 Months 7 Days 8 If less than one day _____ hr. _____ min.

Due to _____
Other conditions (include pregnancy within 5 months of death) 167

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

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation Common Labor

11. Industry or business Bottling Co

12. Name Edward Gill

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

14. Maiden name Blithrade W. Robinson

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

16. (a) Informant Beatrice Gill

(b) Address 1105 S. 5th St. S.E. Mo

17. (a) Buried (b) Date thereof 11-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Nov 8 - 1942
(c) Where did injury occur? Sedalia Mo
(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 knife
23. Signature W. J. Bishop, coroner (M. D. or other)
Address Sedalia Mo 3 Date signed 11-9-42

18. (a) Signature of funeral director W. J. Ferguson
(b) Address Sedalia Mo

19. (a) 11-11-42 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 8,

File Number

13-2-42

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

F. W. Ferguson

Licensed Embalmer No.

2172

P. O. Address

Sedalia

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.