

FILED DEC 8 1942 274

Registration District No.

Primary Registration District No. 3052

Registrar's No. 384

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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
(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... 4 days
(Specify whether)

In this community... 4 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town... Sedalia Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 122 S. Turrey
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JESSE VERN Mc MAHAN

3. (b) If veteran, name war.....

3. (c) Social Security No. 491-07-7222

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

6. (b) Name of husband or wife EUNICE 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased 1 24 1913
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

29 10 5 hr. min.

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

10. Usual occupation Manager Gro Chain store

11. Industry or business.....

12. Name William Mc Mahan

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

14. Maiden name Sarah Thomas Bellon

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

MOTHER FATHER

16. (a) Informant Mrs J. U. Mc Mahan

(b) Address Sedalia Mo.

17. (a) Burial (b) Date thereof 12 1 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg Mo.

18. (a) Signature of funeral director Sellespiest

(b) Address Sedalia Mo.

19. (a) 12/1/42 Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 29
year 1942 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov 25
19 42 to Nov 29 19 42
that I last saw him alive on Nov 29 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Subacute Nephritis - Int. Diabetes Mellitus

Due to.....

Due to.....

Other conditions Dental Abscess
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

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

23. Signature J. B. Quilisee M.D. (M. D. or other)
Address Sedalia Mo. Date signed 12-1-42

Duration

?

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

B.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-7-42

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 L. E. Boulestin

Licensed Embalmer No. 9867

P. O. Address Seaside 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.