

FILED JAN - 6 1942

Registration District No. 2994

Primary Registration District No. 3052

Registrar's No. 399

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6
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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: 1423 S. OSAGE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 YRS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County PETTIS
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 1423 So. OSAGE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME JESSIE MARR CAYTON

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARR.
6. (b) Name of husband or wife S. P. CAYTON 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased 12-24-1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace COOPER CO. MO
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER
12. Name JOHN MARR
13. Birthplace PETTIS CO. MO
(City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH HICKLIN
15. Birthplace MO
(City, town, or county) (State or foreign country)

16. (a) Informant S. P. CAYTON
(b) Address SEDALIA MO.

17. (a) BURIAL (b) Date thereof 12-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LONGWOOD MO

18. (a) Signature of funeral director Jes. Bellard

(b) Address Sedalia Mo.

19. (a) 12-13-42 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC, day 11
year 1942 hour 8 minute 45 M.

21. I hereby certify that I attended the deceased from Jan 15
1942 to Dec 11 1942
that I last saw her alive on Dec 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death acute cholecystitis
Duration _____

Due to _____

Due to _____

Other conditions Pericardial disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 127a
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 Boyd Bowling (M. D. or other) _____
Address Sedalia Mo Date signed 12-13-42

8761 11 1942

Health Officer No. 8,

District File Number _____

Date Filed 1-5-42

Handwritten notes and scribbles, including the word "STANDARD" and other illegible markings.

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 Geo. Dillard

Licensed Embalmer No. 3868

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.