V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN - 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. .....

Registration District No. 274 — Primary Registration District No. 3052 — Registrar's No. 393

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

3064

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: 246 So PROSPECT
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 69 yrs.

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.: 246 So PROSPECT
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: MARY EISENHART

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

3. (c) Social Security No. .....

4. Sex: FEM

5. Color or race: W

6. (a) Single, widowed, married, divorced: WID

6. (b) Name of husband or wife: GEORGE

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

7. Birth date of deceased: APR. (Month) 1 (Day) 1861 (Year)

8. AGE: Years 81 | Months 8 | Days 0 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: AT HOME

11. Industry or business: .....

FATHER
12. Name: UNKOWN
13. Birthplace: " " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: " "
15. Birthplace: " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant: J. W. EISENHART
(b) Address: ST. LOUIS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 12-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation: CROWN HILL

18. (a) Signature of funeral director: Geo Leuland
(b) Address: Sedalia Mo

19. (a) 12/3/42 (Date received by local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 1 year 1942 hour 10-30 minute P. M.

21. I hereby certify that I attended the deceased from For 15 years, 19..., to Dec 1, 1942, that I last saw her alive on Dec 1, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Glomerular Nephritis	5 yrs.
Chronic Myocarditis	5 years
Due to: Arteriosclerosis	?
Due to: Senility	?
Other conditions (Include pregnancy within 3 months of death): None	
Major findings: Of operations: None	
Of autopsy: No	

31 P

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): No
(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: 0

23. Signature: Jno B. Darlice M.D. (M. D. or other)
Address: Sedalia Mo. Date signed 12-3-42

1022 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 8,

District File Number

Date Filed 1-6-43

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 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.