S. No. 2
M—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41574

Registration District No. 8 1934 — Primary Registration District No. 5933 — Registrar's No. 411

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Nelson Mo. R.R. # 2 Longwood 3 (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (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 Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Nelson Mo. R.R. #2 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. ..... (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Golden Joshua Sevier

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

4. Sex Male 0 — 5. Color or race White — 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Etta May Sevier — 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Do Not Know (Month) (Day) (Year)

8. AGE: Years About 90 — Months — Days — If less than one day ..... hr. ..... min.

9. Birthplace Cooper County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Do Not Know
13. Birthplace 9 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Etta May Sevier

(b) Address Nelson R.R. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Millers Chapel

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia Missouri

19. (a) 12-28-42 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1942 hour 11.45 minute A M.

21. I hereby certify that I attended the deceased from May, 1939, to Dec 2, 1942 that I last saw him alive on Dec 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis Cerebral — Duration 2 hours

Due to Arteriosclerosis — about 8 years

Due to .....

Other conditions (Include pregnancy within 3 months of death) 83d

Major findings: Of operations .....

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 0

23. Signature John McNeish (M.D. or other)

Address Longwood Date signed Dec 20 42

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
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 Robert H. Reed

Licensed Embalmer No. 3745

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.