

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 5 1943

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 9

## 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:  
**416 S Grand /**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether  
 In this community **17 Years** (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. **416 S Grand**  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country **0**

3. (a) PRINT FULL NAME **Gertrude Olive Haworth**

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 **Married**6. (b) Name of husband or wife **Harry H Haworth** 6. (c) Age of husband or wife if alive **65** years7. Birth date of deceased **June 23 1867**  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
**67** **6** **15** hr. min.9. Birthplace **Moberly Mo.** (City, town, or county) (State or foreign country)  
**At Home**

10. Usual occupation.....

11. Industry or business.....

12. Name **Seth W Palmer**13. Birthplace **New York.** (City, town, or county) (State or foreign country)14. Maiden name **Do Not Know** (City, town, or county) (State or foreign country)15. Birthplace **Do Not Know?** (City, town, or county) (State or foreign country)16. (a) Informant **Harry H Haworth**(b) Address **Sedalia Mo.**17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan 10 1943**  
(Month) (Day) (Year)(c) Place: burial or cremation **Moberly Mo.**18. (a) Signature of funeral director **McLaughlin Bros.**(b) Address **Sedalia Mo.**19. (a) **1/8/43** (Date received local registrar) (b) **Mrs Anna Berger** (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **8**  
year **1943** hour **8** minute **30 A M.**21. I hereby certify that I attended the deceased from **1-5**  
19 **43** to **1-8** 19 **43**that I last saw her alive on **1-5** 19 **43**  
and that death occurred on the date and hour stated above.Immediate cause of death **Cerebral hemorrhage** Duration **1 hr.**Due to **arteriosclerosis** **10 yrs**  
**Hypertension** **10 yrs**Due to **High prior cerebral hemorrhage**

Other conditions (includes pregnancy within 3 months of death).....

Major findings: **D30**  
Of operations.....

Of autopsy.....

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) Means of injury.....

23. Signature **J. M. Rodeman** (M. D. or other) **MD**Address **Sedalia, Mo** Date signed **1-8-43**

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 2-4-43

JUL 2 1953

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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.