

FILED MAR 6 1943
Registration District No. 274

Primary Registration District No. 3052

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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 20 YEARS (Specify whether years, months or days)

In this community 20 YEARS

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. 648 E 14TH ST.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MAUDE ALICE THOMAS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex FE 5. Color or race WH. 6. (a) Single, widowed, married, divorced MAR.

6. (b) Name of husband or wife MILLARD 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased DEC-29-1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name GEO. COOK

13. Birthplace OTTERVILLE MO
(City, town, or county) (State or foreign country)

14. Maiden name ALICE KING

15. Birthplace MONTEAU Co. MO
(City, town, or county) (State or foreign country)

16. (a) Informant MILLARD THOMAS.

(b) Address SEDALIA MO

17. (a) BURIAL (b) Date thereof 2-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEM. PARK

18. (a) Signature of funeral director Geo. Willard

(b) Address Sedalia, Mo

19. (a) 2/27/43 (b) Dr. Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 26 year 1943, hour 10 minute Am M.

21. I hereby certify that I attended the deceased from Jan 26 to Feb 26, 1943, that I last saw her alive on February 26, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Embolic from acute endocarditis Duration 8 weeks

Due to Myocarditis chronic 6 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) 91

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) 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? _____

While at work? _____ (Specify type of place)

23. Signature Chas. DeBour (M. D. or other) _____

Address Sedalia MO Date signed 2-26-43

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-4-43

MAR 10 1943

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.