. S. No. 2
0M—5-42
v. 5-17-39
I X32873

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

7231

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 6 1943

Registration District No. 4 Primary Registration District No. 3052 Registrar's No. 49

80 64

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: 1322 E 7TH
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 38 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 80
(a) State Mo (b) County PETTIS 6
(c) City or town SEDALIA 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1322 E 7TH
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ~~[illegible]~~ ISABEL WHITE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE | 5. Color or race W | 6. (a) Single, widowed, married, divorced WID.

6. (b) Name of husband or wife

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

7. Birth date of deceased FEB (Month) 12 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
71	11	27	hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

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

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

16. (a) Informant NELLIE WHITE
(b) Address SEDALIA Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-12-43 (Month) (Day) (Year)
(c) Place: burial or cremation MEM PARK

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

19. (a) 2-11-43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

1022 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB 9 day
year 1943 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from Feb 4, 1939 to Feb 9, 1943, that I last saw h alive on Feb 9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchio-pneumonia	3 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Multiple Hemorrhages	3½ yrs

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

23. Signature Frank B. Long M. D. or other
Address Sedalia Mo Date signed 2-10-43

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 3-4-43

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 L. E. Boudelin

Licensed Embalmer No. 3867

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.