

No. 17-39
X32873
5000

FILED MAY 20 1943

Registration District No. 190

Primary Registration District No. 3024 5549

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Fayette "Rural"
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard, 45

(c) City or town (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

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

If yes, name country 0

3. (a) PRINT FULL NAME Eliza Anne Petty.

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

4. Sex Female 5. Color white race white 6. (a) Single, widowed, married, divorced, Widowed,

6. (b) Name of husband or wife George W. Petty. 6. (c) Age of husband or wife if alive December 12th 1855 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 3 28 hr. min.

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

10. Usual occupation At home,

11. Industry or business

12. Name Joseph Brandenburg,

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

14. Maiden name Jenesha Hill.

15. Birthplace Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S.A. Wood.

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 4-27th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia,

18. (a) Signature of funeral director Guy T. Halley.

(b) Address Fayette, Mo.

19. (a) 4-26 1943 (b) Tom J. McWilliam
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1943 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from November
1942, to April 18, 1943
that I last saw her alive on April 18, 1943, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of left hip
Duration 7 days

Due to

Due to

Other conditions Chronic myocarditis 4 years
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: 18602
Of operations 18

Of autopsy

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) Accident 04.5

(b) Date of occurrence April 18, 1943

(c) Where did injury occur? Fayette Howard, Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work no (Specify type of place) (e) Means of injury Fell out of bed

23. Signature Maurice Phoebe (M.D. or other) all

Address Fayette, Missouri Date signed April 26, 43

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

MOTHER FATHER

1521

3-15-43

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..... *Gray T. Hallen*.....
Licensed Embalmer No. *2966*
P. O. Address. *Sageville, Md.*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. MC
Registrar's No. 31

*Registration District No. 140 Primary Registration District No. 30349

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette - Rural
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Howard
(c) City or town Fayette "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eliza Anne Petty
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan Day 25 Year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I saw him/her live on _____ 19____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: (Month) Dec (Day) 12 (Year) _____

8. AGE: Years 87 Months 3 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) _____
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) _____ (Registrar's signature) _____

Other conditions _____ (Include pregnancy within 3 months of death)
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

S-18000