

V. S. No. 2  
50M-5-42  
Rev. 5-17-39  
X3287

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18670

State File No. \_\_\_\_\_

FILED JUN 7 1943  
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 169

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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ 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. **508 W 22**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Robert William Mabry**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **April 22 1943**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<b>1</b>	<b>1</b>	hr. _____ min. _____

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

10. Usual occupation \_\_\_\_\_

11. Industry or business **Robert L Mabry**

MOTHER FATHER

12. Name **Cole Camp Mo.** (City, town, or county) (State or foreign country)

13. Birthplace **Florence Buckley** (City, town, or county) (State or foreign country)

14. Maiden name **Sedalia Mo.** (City, town, or county) (State or foreign country)

15. Birthplace **Mrs. H L Mabry** (City, town, or county) (State or foreign country)

16. (a) Informant **Sedalia Mo.** (b) Address \_\_\_\_\_

17. (a) **burial** (b) Date thereof **May 25 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **McLaughlin Bros.** (b) Address **Sedalia Mo.**

19. (a) **5-24-43** (b) **Mrs Anna Berger**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **23** year **1943** hour **8 a.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **1 p.m. May 23** to **5:23 p.m. May 23** and that death occurred on the date and hour stated above.

Immediate cause of death **Patent Foramen Ovale; Bicuspid Aortic Regurgitation; Pulmonic Stenosis.**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: 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) (c) Means of injury \_\_\_\_\_

23. Signature **W.E. Bess** (M. D. or other) **Sedalia Mo.** Date signed **5-24-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10064

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-3-43

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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.**