

FILED JUN 7 1943
Registration District No. 74

Primary Registration District No. 3052

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: 214 E Pettis St
(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 County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 214 E Pettis St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME BENJAMIN RESTOLEY

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leah 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2 15 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Real Estate dealer

11. Industry or business Self

12. Name Unknown

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

14. Maiden name Caroline Williams

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

16. (a) Informant Leah Foley

(b) Address 214 E Pettis Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) Buried (b) Date thereof 5-24-43
(Month) (Day) (Year)

(c) Place: burial or cremation Snow Hill Cemetery

18. (a) Signature of funeral director J. D. Ferguson

(b) Address 117 E. Jefferson St
19. (a) 5-24-43 (Date received local registrar) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 15
year 1943 hour 9 minute _____ M.

21. I hereby certify that I attended the deceased from 5-15-43 to _____ 19____;
that I last saw h. alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Found dead in bed died evidently from some organic heart disease
Due to Senility

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)
(e) Means of injury _____
23. Signature M. J. Bishop (M. D. or other)
Address Sedalia Mo Date signed 5-27-43

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

10
6
4

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-3-43

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

F. O. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.