. S. No. 2
M—9-4-41
. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22136

FILED JUL 10 1943

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 209

80
6
4

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: 902 W Broadway / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 Years 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") 80
(d) Street No. 902 W Broadway (If rural, give location) 6
(e) Citizen of foreign country? 4 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Ann Hite
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex female /
5. Color or race wwite
6. (a) Single, widowed, married, divorced 2 widowed
6. (b) Name of husband or wife Isaac M Hite
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 2 (Month) 1842 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
101	4	21	hr. min.

9. Birthplace Luray Virginia (City, town, or county) / (State or foreign country)
10. Usual occupation
11. Industry or business At Home
FATHER
12. Name Henry Gander
13. Birthplace Virginia / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Coffman
15. Birthplace Virginia / (City, town, or county) (State or foreign country)
16. (a) Informant Dr. H.A. Hite
(b) Address Green Ridge Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 25 1943 (Month) (Day) (Year)
(c) Place: burial or cremation New Lebanon Mo.
18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Mo.
19. (a) 6-25-43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1943 hour 12 minute 5 P. M.
21. I hereby certify that I attended the deceased from Feb. 15, 1943, to June 23, 1943 that I last saw her alive on June 22, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	[illegible]
Due to arterio-sclerosis	Do not [illegible]
Due to	
Other conditions Increased arterio sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

93d

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) None
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? None (e) Means of injury None
23. Signature Chas. A. McNeil (M. D. or other)
Address 1123 W 7th Sedalia Mo Date signed June 26 1943

1023

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-2-42

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.