

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

SEP 7 1943 274
Registration District No. _____

Primary Registration District No. 5930

Registrar's No. 260

1. PLACE OF DEATH:

(a) County PETTIS

(b) City or town SEDALIA (RURAL)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ROUTE 11 Sedalia rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 79 YEARS (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS

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

(d) Street No. ROUTE # 11
(If rural, give location)

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

3. (a) PRINT FULL NAME LOUISA CATHRINE REED

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 10th
year 1943 hour 3 minutes A M.

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 11 6 1845
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1942 to Aug 10 1943
that I last saw her alive on July 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 97 Months 9 Days 4 If less than one day _____ hr. _____ min.

Chronic Myocarditis

Due to _____

Due to _____

9. Birthplace ROAN CO. TENN
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

Other conditions _____
(Include pregnancy within 3 months of death)

930

11. Industry or business _____

12. Name JACOB PHILLIPS

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

14. Maiden name UNKNOWN

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant J. T. REED

(b) Address RURAL SEDALIA Mo

17. (a) BURIAL (b) Date thereof 8-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BETHLEHEM CEMETERY

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA Mo

19. (a) 8/10/43 (b) Ann Anna Berger
(Date received local registrar) (Registrar's signature)

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 W. D. G. Munn (M. D. or other) _____
Address 111 W. 4 Sedalia Mo Date signed 8-10-43

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

80
80

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed

9-3-43

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

L. E. Bouldin

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.