

FILED DEC 30 1943

Registration District No. 874

Primary Registration District No. 3052

Registrar's No. 391

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:  
2515 E 9  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 Yrs. (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis 80

(c) City or town Sedalia 6  
(If outside city or town limits, write "RURAL")

(d) Street No. 2515 E9 7  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 1

3. (a) PRINT FULL NAME Sarah Ann Roberts

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

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

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

7. Birth date of deceased. Feb. 1 1870  
(Month) (Day) (Year)

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

73 10 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

11. Industry or business at home

12. Name John Sims

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

14. Maiden name Fannie Dritt

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

16. (a) Informant Flora Humphrey  
Sedalia Mo.

(b) Address burial Dec. 20 1943  
(Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

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

19. (a) 12-20-43 Mrs Anna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1943 hour 10:45 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Dec 18, 1943, to \_\_\_\_\_, 1943.

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Evidently from history, Pneumonia following influenza

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

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

Other conditions 33a  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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) \_\_\_\_\_

(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 Dr J Bishop Crown Hill (M. D. or other)  
Address Sedalia Mo 3 Date signed 12-16-43

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

MOTHER FATHER

JAN 18 1944

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

JAN 10 1944  
12-29-43

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Seabrook 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.