

Registration District No. 38

Primary Registration District No. 3004

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
807 Fay St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 807 Fay St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH EDNA PETTY

3. (b) If veteran, name war None
3. (c) Social Security None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Benjamin F. Petty
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased 11 - 22 - 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 18
If less than one day hr. _____ min. _____

9. Birthplace Terre Haute Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Byrd
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Hanks
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Fenton
(b) Address 807 Fay St., Columbia, Mo.

17. (a) Burial (b) Date thereof 1-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Paranatural Service
(b) Address Columbia, Mo.

19. (a) 1-12-44 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10
year 1944 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept 28 1943 to Jan 10 1944
that I last saw him alive on Jan 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage

Due to Pulmonary Tuberculosis

Due to _____

Other conditions (Includes 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 J. C. Suggitt (M. D. or other) M.D.
Address Columbia Date signed 1-11-44

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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 *W. S. Whitcomb*.....

Licensed Embalmer No. *3893*.....

P. O. Address. *Columbia*.....

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.