. S. No. 2
OM—5-42
ev. 5-17-39
D I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1944

Registration District No. 2474

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3052

State File No. 18856

Registrar's No. 171

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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: 918 S. Marvin /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No.: 918 S. Marvin
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

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3. (a) PRINT FULL NAME: Ida Emma McVey
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: Married /
6. (b) Name of husband or wife: William A. McVey
6. (c) Age of husband or wife if alive: 44 years
7. Birth date of deceased: October (Month) 15 (Day), 1899 (Year)

8. AGE: Years 44 | Months 6 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace: Cole Camp (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business: .....

MOTHER FATHER
12. Name: Claus Boesch
13. Birthplace: (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name: Margaret Dalfenthal
15. Birthplace: (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant: William A. McVey
(b) Address: Sedalia, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/16/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill
18. (a) Signature of funeral director: McLaughlin Bros.
(b) Address: Sedalia, Missouri
19. (a) 5-16-44 (Date received local registrar) (b) Mrs Anna Geiger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1944 hour 4 minute A. M.
21. I hereby certify that I attended the deceased from Mar. 9, 1944 to May 14, 1944; that I last saw her alive on May 12, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Edema — Duration: 2 wk
Due to: Cardiac asthma
Due to: .....
Other conditions: Mental aberration
(Include pregnancy within 3 months of death)
Major findings:
Of operations: No operation
Of autopsy: None

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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): .....
(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: G. W. Pettibone (M. D. or other)
Address: Sedalia, Mo. Date signed: 5-16-44

1022 (Licensed Embalmer's Statement on Reverse Side)

Wheeler
415 A M. May 14

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6-7-44

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. F. Parker

Licensed Embalmer No. 3840

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.