

S. No. 2  
M-8-13  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22245

State File No. ....

FILED JUL 11 1944

Registrar's No. 190

Registration District No. 274

Primary Registration District No. 3052

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:  
212 W 3rd St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no  
(Specify whether years, months or days) over 35 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 212 W. 3rd  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME

Sebastian Urban

3. (b) If veteran,

name war.....

3. (c) Social Security

No.....

4. Sex Male

5. Color or race White

6. (c) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

Anna Urban

6. (c) Age of husband or wife if

alive 66 years

7. Birth date of deceased

August  
(Month)

19  
(Day)

1868  
(Year)

8. AGE:

Years 75

Months 9

Days 21

If less than one day

hr. min.

9. Birthplace

Cole County  
(City, town, or county)

Missouri  
(State or foreign country)

10. Usual occupation

Retired Brewer

11. Industry or business

MOTHER FATHER

12. Name

Charles Urban

13. Birthplace

Germany  
(City, town, or county)

Germany  
(State or foreign country)

14. Maiden name

Katherine Wolfram

15. Birthplace

Jefferson City  
(City, town, or county)

Missouri  
(State or foreign country)

16. (a) Informant

Carl Urban

(b) Address

Sedalia, Missouri

17. (a)

Burial  
(Burial, cremation, or removal)

(b) Date thereof

6/12/44  
(Month) (Day) (Year)

(c) Place: burial or cremation

Crown Hill

18. (a) Signature of funeral director

McLaughlin Bros.

(b) Address

Sedalia, Missouri

19. (a)

6-9-44  
(Date received local registrar)

Mrs Anna Berger  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

June day 9

year

1944

hour

10

minute

45 A.M.

21. I hereby certify that I attended the deceased from

July, 1944 to June 9, 1944  
that I last saw him alive on June 9, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death

Encephalitis

Duration

5-2 mo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy no

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) no

(b) Date of occurrence no

(c) Where did injury occur? no

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no

(Specify type of place)

(e) Means of injury no

23. Signature

Alfred G. Hovner (M. D. or other)

Address

111 W 4 Sedalia Mo

Date signed 6-9-44

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

30  
6  
4

RECEIVED

District Health Officer No. 8,

District File Number

770-6

Date Filed

MAY 16 1945

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.