

FILED JAN 15 1945

Registration District No. 283

Primary Registration District No. 5653

Registrar's No. 164

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1165 days
In this community 1165 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 2317 Glenwood
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Martin Sedge

3. (b) If veteran, name war No 3. (c) Social Security No. 492-14-5097

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 1889 years

7. Birth date of deceased Dec. 25th
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 10 If less than one day hr. _____ min. _____

9. Birthplace Jackson County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Hand

11. Industry or business _____

12. Name John Wadson Sedge

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

14. Maiden name Amanza Belle King

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San, Mt. Vernon, Mo

17. (a) Burial (b) Date thereof 12-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs

18. (a) Signature of funeral director Mrs. H. B. White & Son

(b) Address Blue Springs, Mo.

19. (a) [Signature] (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25th
year 1944 hour 12 minute 35 P. M.

21. I hereby certify that I attended the deceased from Sept. 27th 1944 to Dec. 5th 1944
that I last saw him alive on Dec 5th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Abt. 4 yrs

Due to _____

Due to _____

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

Major findings: AUTOPSY - For adv - ulcers - fibrous pulm Tbc; Tbc bronchitis - Of autopsy Best. adhesive pleurisy emphysemas, Tbc spleen

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 0

23. Signature [Signature] (M. D. or other) _____

Address State Board of Health, Mo Date signed 12-2-44

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

505

12-6-44 4338

RECEIVED

District Health Officer No. 6,

District File Number 145-79

Date Filed JAN 12 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.....

R. B. Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs

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.