

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **47**

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: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hours
In this community 53 years
(Specify whether years, months or days)

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. 1301 N. Engineer
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mrs. Virginia A. Best

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 William A. Best

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

7. Birth date of deceased February
(Month) (Day) (Year)

10 1865
(Day) (Year)

8. AGE: Years Months Days If less than one day
79 11 28 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Home

MOTHER FATHER

12. Name Worth

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

14. Maiden name Martha Weeks

15. Birthplace Council Bluffs Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant M. R. Baylis

(b) Address _____

17. (a) Burial (b) Date thereof Feb. 10, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery
McLaughlin Bros.

18. (a) Signature of funeral director _____
(b) Address Sedalia, Missouri

19. (a) 2-9-45 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1945 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from 2-7-45
to Jan 1945 to Jan 1945
that I last saw her alive on Feb 7, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage and arterio-sclerosis
Due to Senility

Due to _____
Other conditions (include 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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature M. J. Bishop (M. D. or other) _____
Address Sedalia Mo Date signed 2-9-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

0
6
4

102

Miss Best
9:25 P.M. Feb 7.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-8-10

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 K. J. L. Cary
Licensed Embalmer No. 31530
P. O. Address Salina 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.