

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No.

6864

FILED MAR 12 1945
Registration District No. 21945

Primary Registration District No. 3052

Registrar's No. 54

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:
306 South New York
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community seven years
years, months or days

3. (a) PRINT Matilda Spires Wickliffe
FULL NAME

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Robert Wickliffe 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased December 18, 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 2 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name E.T. Lindsey
13. Birthplace unknown, Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Spencer
15. Birthplace unknown, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ada Scott (daughter)

(b) Address 2004 South Lamine, Sedalia

17. (a) Burial (b) Date thereof 2/22/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Duane Ewing

(b) Address Sedalia, Missouri

19. (a) 2/21/45 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

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. 306 South New York
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1945 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from Jan 30
1945 to Feb 20, 1945
that I last saw her alive on Feb 20, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death chronic interstitial nephritis and myocardial degeneration
Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?

(Specify type of place)
(c) Means of injury _____

23. Signature J. T. Bishop (M. D. or other)
Address Sedalia, Mo Date signed 2-21-45

(Licensed Embalmer's Statement on Reverse Side)

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

1022

RECEIVED

DISTRICT FILE NO. 8.

District File Number

Date Filed

38-12-

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

Ernest Ewing

Licensed Embalmer No.

3844

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.