

FILED APR 10 1945

Registration District No. 277

Primary Registration District No. 5935

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia, Rural, Pettis Co.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: County Home 5  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 years  
In this community Entire Life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Charles James Hieronymus

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Carrie Fay Hieronymus 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased January 30 1866  
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 29 If less than one day hr. min.

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

10. Usual occupation Auctioneer

11. Industry or business

12. Name Charles Rector Hieronymus

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

14. Maiden name Mary Susan Kemp

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

16. (a) Informant Kemp Hieronymus

(b) Address Hughesville, Missouri

17. (a) Burial (b) Date thereof March 31, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director McLaughlin Bros.  
Sedalia, Missouri

(b) Address \_\_\_\_\_

19. (a) 3-30-45 (b) Miss Anna Berger  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day March  
year 1945 hour 3 am minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from no  
March 1945 to March 29 1945  
that I last saw him alive on Mar 21 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Cerebral thrombosis  
Due to Arterio Sclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 83a

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 [Signature] (M. D. or other) \_\_\_\_\_

Address Sedalia Mo Date signed 3/30/45

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

RECEIVED

District Health Officer No. 8

District File Number

4/17/45

Date Filed

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

KPM Crary

Licensed Embalmer No.

3153

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.