

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10392

State File No.

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia

(c) Name of hospital or institution: 305 East 5th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Loulu L. Wendell

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 Married

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

7. Birth date of deceased October 27 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Robert Boyd Williams

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

14. Maiden name Emily Ard

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

16. (a) Informant Mrs. Jessie Williams

(b) Address 418 1/2 Main Sedalia Mo

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

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 3-14-45 (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. 305 East 5th
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1945 hour 9:30 minute 0 M.

21. I hereby certify that I viewed the deceased from Mar. 15, 1945, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to Cerebral Thrombosis

Due to _____

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

Major findings:
Of operations _____

Of autopsy Pericardial sac was full of blood; apex of heart congested

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 3

23. Signature W. T. Holden (M.D. or other) _____

Address 229 Agency Bldg Date signed 3/14/45

1022 (Licensed Embalmer's Statement on Reverse Side) Sedalia, Mo

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number 44/7/15

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 Cary

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.