V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 6 1945

Registration District No. 3194

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17806

Primary Registration District No. 3052

Registrar's No. 140

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:
618 West 6th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1
In this community: Entire Life
(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.: 618 West 6th
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Mary E. Payton Whitsel

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: John I. Whitsel

6. (c) Age of husband or wife if alive: 83 years

7. Birth date of deceased: September (Month) 7 (Day) 1867 (Year)

8. AGE: Years 77 | Months 8 | Days 15 | If less than one day: hr. ____ min.

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

10. Usual occupation: House Wife

11. Industry or business:

MOTHER FATHER

12. Name: Louis Payton

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

14. Maiden name: Martha McClung

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

16. (a) Informant: J. I. Whitsel

(b) Address: 618 W. 6th, Sedalia, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 24, 1945 (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) May 22 45 (Date received local registrar) (b) Mrs Anna Bengler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 45 hour 1 minute 0 A. M.

21. I hereby certify that I attended the deceased from May 20 1945, to May 22 1945, that I last saw her alive on May 22 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary insufficiency	
Due to: Arteria Sclerosis	
Due to: Senility	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations: 0 5 0	
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)

While at work? (e) Means of injury:

23. Signature: D. I. Bishop (M. D. or other)

Address: Sedalia Mo Date signed 5-22-45

1022 (Licensed Embalmer's Statement on Reverse Side)

1:P.M. May 24-4

JAN 28 1954

JUN 21 1954

JUN 3 1954

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 P M 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.