S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21021

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 150

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: 1011 W. 3RD. ST. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 6 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED: 80

(a) State MISSOURI (b) County PETTIS 1

(c) City or town SEDALIA 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1011 W- 3RD ST.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME AUDREY E. SUBLETT.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife Gillis E.

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased 7 (Month) - 22 (Day) - 1905 (Year)

8. AGE:

Years	Months	Days	If less than one day
39	10	13	hr. min.

9. Birthplace WOOLDRIDGE (City, town, or county) Mo. (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name ALEX NIXON
13. Birthplace PILOT GROVE (City, town, or county) Mo. U (State or foreign country)

MOTHER
14. Maiden name ELIZABETH WOOLDRIDGE
15. Birthplace OVERTON (City, town, or county) Mo. (State or foreign country)

16. (a) Informant G. E. SUBLETT

(b) Address SEDALIA, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-7-45 (Month) (Day) (Year)

(c) Place: burial or cremation WOOLDRIDGE, Mo.

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA, Mo.

19. (a) 6/7/45 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 5TH year 1945 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from Dec 2 years, 19 to June 5th, 1945; that I last saw her alive on June 5th, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of Rt Breast -	2 years
Due to (Metastases)	
Due to	
Other conditions (Include pregnancy within 3 months of death) 50	

Major findings: Of operations Cancer of Rt Breast

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) no

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? no (e) Means of injury

23. Signature Jno B. Carlisle M.D. (M. D. ~~or other~~)

Address Sedalia Mo. Date signed 6.7.45

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7/9/47

NOV 3 1948

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 L. E. Bouldin

Licensed Embalmer No. 3867

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.