

FILED NOV 8 1945
Registration District No. 274

Primary Registration District No. 3052

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:
BOTHWELL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-YEAR
(Specify whether years, months or days)

In this community 8 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 80

(c) City or town SEDALIA 9
(If outside city or town limits, write "RURAL")

(d) Street No. ROUTE 2 0
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME LOW THOMAS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 21ST
year 1945 hour 8 minute 15TH M.

21. I hereby certify that I attended the deceased from Oct 17 1945 to Oct 21 1945
that I last saw her alive on Oct 20 1945
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased 6 - 17 - 1858
(Month) (Day) (Year)

Immediate cause of death Myocarditis Chronic

Due to Arteriosclerosis

Due to _____

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>4</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER } 12. Name MILTON DURRELL

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

14. Maiden name NANCY GOODNIGHT

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant W. BYRON BLACK

(b) Address KANSAS CITY, MO.

17. (a) BURIAL (b) Date thereof 10-25-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ANTIOCH CEMETERY

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? _____

18. (a) Signature of funeral director Gillespie

(b) Address SEDALIA MO

19. (a) 10/22/45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Signature [Signature] (M. D. or other) MD

Address Sedalia Mo Date signed 10/24/45

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

80
6
4

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 11-7-45

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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sidalia

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.