

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 16 1946** MISSOURI STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

*Carls*  
State File No. **14059**  
Registrar's No. **118**

Registration District No. **274** Primary Registration District No. **3052**

1. PLACE OF DEATH:  
(a) County **Pettis**  
(b) City or town **Sedalia**  
(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 **4 days**  
In this community **65 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **MARTHA B. ZIMMERMAN**  
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 **Harry** 6. (c) Age of husband or wife if alive **72** years  
7. Birth date of deceased **Feb. 26 1872**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **1** Days **21** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Boone Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **John C. Wilcox**  
13. Birthplace **Boone Co. Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Nancy Sappington**  
15. Birthplace **Boone Co. Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry Zimmerman**  
(b) Address **Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **4/18/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **Geo. Dillard**  
(b) Address **Sedalia**

19. (a) **4/18/46** (b) **Betty Yeager**  
(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. **West 2nd St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **16th**  
year **1946** hour **9.15** minute **P** M.

21. I hereby certify that I attended the deceased from **over 2 years**  
19 \_\_\_\_\_ to **April 16th** 19 **46**  
that I last saw h. **ex** alive on **April 16th** 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Cerebral Hemorrhage**

Due to **Chronic Myocarditis**  
Due to **Arterio-Sclerosis**  
**Hypertension**

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

Major findings: \_\_\_\_\_  
Of operations **None**

Of autopsy **None**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **NI**  
(b) Date of occurrence **None**  
(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 **Geo B. Carls M.D.** (M. D. or other)  
Address **Sedalia Mo** Date signed **4-19-46**

Duration **April 13th**  
**over 2 years**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-14-46

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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. F. Parker  
Licensed Embalmer No. 3840

P. O. Address Lebanon, 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.