

FILED JUN 24 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 184

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 3 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis 80
(c) City or town Houstonia
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JANET Bright Febe

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W ✓
6. (b) Name of husband or wife Halter Bright 6. (c) Age of husband or wife if alive 18 years (Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 4 If less than one day hr. _____ min. _____

9. Birthplace Sweet Springs Mo. 1 (City, town, or county) (State or foreign country)

10. Usual occupation housekeeper

11. Industry or business _____ 12. Name J. J. Farre??

13. Birthplace Sweet Springs Mo. 0 (City, town, or county) (State or foreign country)

14. Maiden name M. B. Bright

15. Birthplace Sweet Springs Mo. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Barbara Gordon

(b) Address Sweet Springs, Mo.

17. (a) burial (b) Date thereof 6 7 46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs, Mo. 110 E. 6th St. Sedalia Mo. (her home)

18. (a) Signature of funeral director W. H. D. Holden

(b) Address Houstonia, Mo.

19. (a) 6-12-46 (b) Betty Yeager (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1946 hour 3:45 minute P M.

21. I hereby certify that I attended the deceased from 95 coroner viewed 6/5/1946 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 Loss of Blood Due to Hemorrhage
Due to slashed throat

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 6/5/46

(c) Where did injury occur? Sedalia Pettis Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? no (Specify type of place) (c) Means of injury Re-zor Blade

23. Signature W. H. D. Holden (M.D. or other) D.R. 2

Address 329 Flg. Bldg. Sedalia, Mo. Date signed 6/5/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1946

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed..... 6-19-46

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..... *H. W. Smiley*.....

Licensed Embalmer No..... 3987.....

P. O. Address..... *Houston, 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.