

S. No. 2
M-8-43
5-17-39
X37823

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

39875

FILED JAN 7 1947

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 188

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Mineral
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Jasper Co TB Hospital 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 1/2 years
 (Specify whether)

In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Anna M Sealy
3. (b) If veteran, name war _____ **3. (c) Social Security** No. None

4. Sex F **5. Color or race** Wh **6. (a) Single, widowed, married, divorced** Widow
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
 alive _____ years
7. Birth date of deceased June 22 1889
 (Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name Sarah Sealy
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Sarah Daily
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Records
 (b) Address _____

17. (a) Burial, cremation, or removal Records (b) Date thereof 12/21/46
 (Month) (Day) (Year)

(c) Place: burial or cremation Rock Post, Mo

18. (a) Signature of funeral director [Signature]

(b) Address North City, Mo

19. (a) DEC-21-46 (Date received local registrar) **(b) [Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Atchison
 (c) City or town Jasper
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
 year 1946 hour 8 minute 50 P M.
21. I hereby certify that I attended the deceased from July 21, 1946, to Dec 20, 1946
 that I last saw her alive on Dec 20, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Pulmonary Tuberculosis
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____ 13B
 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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature June E. Daugherty (M. D. or other) _____
Address North City, Mo Date signed 12/21/46

46-12-1084

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 Richard Gray Lewis
Licensed Embalmer No. 44855
P. O. Address Webb City, 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.