S. No. 2
M—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

40589

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41576

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 479

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: 120 E. Pettis St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 yrs (Specify whether
In this community 30 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis 80
(c) City or town Sedalia (If outside city or town limits, write "RURAL") 6
(d) Street No. 120 E Pettis St (If rural, give location) 4
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME NANNIE M. HUNTER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 3
5. Color or race N.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jessie Hunter
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 8 (Month) 7 (Day) 1897 (Year)

8. AGE: Years 49 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Sedalia Pettis Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Self
FATHER
12. Name William Rollins
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Rollins
15. Birthplace Pettis Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant Louise Wright
(b) Address 120 E Pettis Sedalia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-46 (Month) (Day) (Year)
(c) Place: burial or cremation Nelson Mo
18. (a) Signature of funeral director L. D. Ferguson
(b) Address 117 E. Jefferson St Sedalia Mo
19. (a) 12-28-46 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1946 hour 6:30 minute A M.
21. I hereby certify that I attended the deceased from Dec 1, 1946 to Dec 13, 1946 that I last saw her alive on Dec 12, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Nephritis & Dropsy	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 32
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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature M. W. Gaches (M. D. or other) M. D.
Address 104½ W Main Sedalia Mo Date signed 12/15/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 12-30-46

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 F. D. Ferguson.

Licensed Embalmer No. 2173

P. O. Address Sedalia.

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.