

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41588

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 387

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 50 years (Specify whether years, months or days)
In this community 50 years

3. (a) PRINT FULL NAME IDA S. WIDDER

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 Widowed
6. (b) Name of husband or wife Geo. A. Widder 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unkown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 68 _____ hr. _____ min.

9. Birthplace Kansas /
(City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business _____
12. Name A. J. Shannon
13. Birthplace Unkown /
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace " /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. W. George
(b) Address Sweet Springs, Mo. 203 So. Locust
Removal (b) Date thereof Jan. 3/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Paola, Kansas
18. (a) Signature of funeral director Geo. Dillard
(b) Address Sedalia, Mo.
19. (a) 12/31/46 (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. 522 West 7th St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December, day 30th
year 1946, hour 5-O'clock minute P/M. M.
21. I hereby certify that I attended the deceased from December, 21, 1946 to December, 30, 1946, 19____;
that I last saw h. er alive on December, 30, 1946, P/M/ 1946;
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary apoplexy, short time.
acute. xxx

Due to Following an abrasion and contusion of left knee with extensive cellulitis above and below knee joint.
Due to A fall striking concrete side walk.

Other conditions xxxx
(Include pregnancy within 5 months of death)
As above.

Major findings:
Of operations No operation.

Of autopsy No autopsy.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) As above stated.
(b) Date of occurrence To me first Dec. 21, 1946. Fell a couple of days before call to me.
(c) Where did injury occur? On sidewalk, Sedalia, Mo. (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public side walk.
While at work? xxx (Specify type of place) (e) Means of injury A fall.

23. Signature Geo. Dillard (Physician's signature) Address Sedalia, Mo. Date signed 12-31-46

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-11-47

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 Idalia, 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.