

V. S. No. 2  
00M-5-43  
Rev. 5-17-39  
I X38871

FILED FEB 20 1947

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 54

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

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:  
520 N. Moniteau  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mattie G Whitley

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased (Unknown) 1881  
(Month) (Day) (Year)

8. AGE: Years 61 Months Days If less than one day hr. min.

9. Birthplace Cooper County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Commodore Given's

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Alma Richardson  
(b) Address 520 N. Moniteau Sedalia Mo

17. (a) Buried (b) Date thereof 2-13-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation George Town, Mo.

18. (a) Signature of funeral director J. Price Alexander  
(b) Address Sedalia Mo

19. (a) 2-15-47 (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. 520 N. Moniteau  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 9  
year 1947 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2/9/47 to 2/9/47  
that I last saw her alive on 2/9 and that death occurred on the date and hour stated above.

Immediate cause of death Renal Complications with Uremic Encephalopathy

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 95  
Of autopsy

Duration

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 J. W. Roney (M. D. or other) MD  
Address Sedalia Mo Date signed 2/15/47

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-22-47

MAR 6 1947

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

*J. Price Reynolds*

Licensed Embalmer No. 4245

P. O. Address Sedalia 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.