

S. No. 2
1-12-45
5-17-39
I X47090

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14475
Registrar's No. 173

Registration District No. 274 Primary Registration District No. 3052

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution:
321 North Grand
(d) Length of stay: In hospital or institution four years
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(d) Street No. 321 North Grand
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mrs. Agnes Schepp Haas
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 30, year 1947 hour 8:00 minute A. M.
21. I hereby certify that I attended the deceased from January 20th, 1947, to April 29, 1947, that I last saw her alive on April 29, 1947, and that death occurred on the date and hour stated above.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, widow
6. (c) Age of husband or wife if alive, deceased
7. Birth date of deceased March 12, 1853

Immediate cause of death
Due to Bronchopneumonia 3 days
Due to Senility - transition 3 months
Due to Arteriosclerosis (Senile dementia)

8. AGE: Years 94 Months 1 Days 18

9. Birthplace: Tonnaheutta, Germany 4

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name Wilhelm Schepp
13. Birthplace unknown, Germany 4
14. Maiden name Charlotte Schultz
15. Birthplace unknown, Germany 4

16. (a) Informant Oscar Haas, (son)
(b) Address 321 N. Grand, Sedalia, Mo.

17. (a) Burial (b) Date thereof 5/2/47

18. (a) Signature of funeral director
(b) Address 5/1/47 Sedalia, Mo.

19. (a) (b) Betty Yeager

Other conditions:
Major findings: none
Of operations:
Of autopsy: none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature W. Rhodes, M.D.
Address 32 1/2 S. Ohio St., Sedalia, Mo. Date signed 5-1-47

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

RECEIVED

District Health Officer No. 3,

District File Number _____

Date Filed _____

5-7-47

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 _____

Chas Ewing

Licensed Embalmer No. _____

3847

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.