

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAY 29 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **18347**  
Registrar's No. **185**

Registration District No. **274**

Primary Registration District No. **3052**

**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:  
**419 N. Quincy**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **25 Yrs.** years, months or days)

3. (a) PRINT FULL NAME **Minnie F. Wootan**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **John T.** 6. (c) Age of husband or wife if alive **70** years  
7. Birth date of deceased **May 9 1880**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**67 0 5** hr. min.

9. Birthplace **McCracken Co. Ky.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **James Mc Neil**  
13. Birthplace **McCracken Co. Ky.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Maggie Dossett**  
15. Birthplace **McCracken Co. Ky.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John T. Wootan**  
(b) Address **Sedalia, Mo.**  
17. (a) **Burial** (b) Date thereof **5-17-1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Geo. Dillard**

(b) Address **Sedalia, Mo.**

19. (a) **5-16-47** (b) **Betty Yeager**  
(Date received local registrar's certificate) (Signature of registrar)

**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. **419 N. Quincy**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **14th**  
year **1947** hour **II P.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **March 10th**, 19 **47** to **May 14th, 1947**, 19 \_\_\_\_\_  
that I last saw him alive on **May 13th, 1947**, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

**Coronary Embolism. Few minutes**

Due to **Chronic Myocarditis. 10 yrs**  
**Cardiac Asthma. 10yrs/**

Due to **None.**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **None.**  
Of operations \_\_\_\_\_

Of autopsy **None.**

**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) **No.**  
(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? **No** (Specify type of place) \_\_\_\_\_ Means of injury \_\_\_\_\_

Signature **Jno. B. Carlisle, M.D.** (M. D. or other) \_\_\_\_\_  
Address **Sedalia, Missouri.** Date signed **5-16-47**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-23-47

MS  
NOV 1  
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

John A. Cantlon

Licensed Embalmer No.

4387

P. O. Address

Lebanon, 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.