

FILED AUG 27 1947

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **258**

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: John H. Bottwell Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days plus
In this community 2 years
years, months or days

3. (a) PRINT FULL NAME Elizabeth Witcher

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

4. Sex F / 5. Color or race W
6. (b) Name of husband or wife Wm B. Witcher
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Dec 31 1911
(Month) (Day) (Year)

8. AGE: Years 35 Months 7 Days 1 If less than one day hr. _____ min. _____

9. Birthplace Corsicana Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business _____

12. Name W. C. Posey
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Wm B. Witcher
(b) Address 223 So. Stewart
17. (a) Burial (b) Date thereof 7-1-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Corsicana, Texas

18. (a) Signature of funeral director M. C. Laughlin Bros
(b) Address Sedalia, Mo.
19. (a) 8-1-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 233 S. Stewart St 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st
year 1947 hour Four minute 00 AM.

21. I hereby certify that I attended the deceased from November
1 — 1946, to August 1, 1947.
that I last saw her alive on August 1, 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary embolism with massive pulmonary infarction 6 hrs.
Due to Ediopathic phlebotrombosis ?
Possible contributing cause:
Due to acute gastroenteritis, etc. 4 days
diagnosis unknown, but probably virus.
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none performed 120P
Of operations _____
Of autopsy none performed
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)
(c) Means of injury _____
23. Signature W. B. Yeager (M. D. or other) M.D.
Address 312 1/2 S. Ohio St., Sedalia Date signed 8-1-47
Mo.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-26-17

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.....

K.P. Mcrary

Licensed Embalmer No.

3153

P. O. Address.....

Bedalia 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.