

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:
1716 So WARREN 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 5 YRS.
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County PETTIS 80
 (c) City or town SEDALIA 6
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1716 So WARREN 4
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME IDA BELLE CLEGG
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month SEPT. day 7TH
 year 1947 hour 6 minute 45 A.M.

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WID 2
 (b) Name of husband or wife JOHN R. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased AUG. 19 1871
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3 - 5, 1946, to 9 - 7, 1947;
 that I last saw him alive on 9 - 5 - 1947,
 and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary (without) Duration 1 year.

8. AGE: Years Months Days If less than one day
76 0 18 hr. min.

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy 112

9. Birthplace SEDALIA MO
 (City, town, or county) (State or foreign country)
 10. Usual occupation AT HOME

11. Industry or business _____
 12. Name EDMOND SANDERS
 13. Birthplace FLORENCE MO
 (City, town, or county) (State or foreign country)
 14. Maiden name MARGARET KEEFE
 15. Birthplace TENNI
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs B. B. Bradley
 (b) Address Sedalia mo
 17. (a) Burial (b) Date thereof 9-9-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Blainstone, Mo.
 18. (a) Signature of funeral director Geo. H. H. H.
 (b) Address Sedalia, mo.
 19. (a) 9/8/47 (b) Betty Yeager
 (Date received local registrar) (Registrar's signature)

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?
 (Specify type of place) (e) Means of injury _____
 While at work? _____
 23. Signature J. B. O'Neil (M. D. or other) M.D.
 Address Sedalia, mo Date signed 9-8-47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed..... 10-2-47

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..... *John A. Cantlon*
Licensed Embalmer No..... *4387*
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.