

FILED JAN 5 1948

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **430**

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:
615 So. Lafayette
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) **65 years**

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. **615 So. Lafayette**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Elizabeth S. Dean**

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John D. Dean** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec 24 1860**
 (Month) (Day) (Year)

8. AGE: Years **86** Months **11** Days **24** If less than one day _____ hr. _____ min.

9. Birthplace **London England**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Whitham**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Alma Dean**

(b) Address **615 So. Lafayette Sedalia**

17. (a) **Burial** (b) Date thereof **12-20-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**

18. (a) Signature of funeral director **Mc Laughlin Bros**

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

19. (a) **12-20-47** (b) **Betty Yeager**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **18**
 year **1947** hour **1** minute **41** A. M.

21. I hereby certify that I attended the deceased from **12-13**, 1947, to **12-18**, 1947;
 that I last saw her alive on **12-17**, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death **Acute dilatation of the heart. Few minutes**

Due to **Myo. Carditis and Congestive Heart Failure** **5 days**
2-3 days

Other conditions **Arterio Sclerosis** **5 years**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy **None**

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) Means of injury **0**

23. Signature **Finland B. King** M. D. or other **M.D.**
 Address **219 So. Ohio St. Sedalia** Date signed **12-19-47**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-2-48

Died 1:45 A.M. Dec 18

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 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.