

Office of Vital Statistics
FILED JAN 12 1948

Registrar's No. **3**

Registration District No. **84**

Primary Registration District No. **5319**

1. PLACE OF DEATH:

(a) County **Cooper**

(b) City or town **Rural Otterville**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **8**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **2**
(Specify whether)

In this community: **2**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Va** (b) County **999**

(c) City or town **Richmond**
(If outside city or town limits, write "RURAL")

(d) Street No. **5**
(If rural, give location)

(e) Citizen of foreign country? **2** (Yes or No)
If yes, name country: **U**

3. (a) PRINT FULL NAME **VIRGINIA CHASE WEDDELL**

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **1**
year **1948** hour **7** minute **40** M.

21. I hereby certify that I attended the deceased from **19** to **19**;
that I last saw **no attendance** on **19**;
and that death occurred on the date and hour stated above.

4. Sex **Female**

5. Color **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Alexander W.**

6. (c) Age of husband or wife if alive **20** years

7. Birth date of deceased: **Dec 20, 1874**
(Month) (Day) (Year)

Injury **Injury**

Due to **Injury**

Duration **Instant**

8. AGE: **73** Years **11** Months **11** Days
If less than one day: **11** hr. **11** min.

Immediate cause of death **Injury**

Due to **Injury**

Other conditions **facial lacerations**
(Include pregnancy within 3 months of death)

9. Birthplace **Edina, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Homemaker**

Physician **Dr. W. W. New**

Underline the cause of which death should be charged statistically.

MOTHER FATHER

11. Industry or business **None**

12. Name **Edward E. Chase**

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

14. Maiden name **Virginia Atkinson**

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **Jan 1 - 1948**

(c) Where did injury occur? **Cooper Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **No Pauper Railroad**
(Specify type of place)

While at work? **Injury** (e) Means of injury

16. (a) Informant **Richard Baldwin**

(b) Address **St. Louis, Mo.**

17. (a) **removal** (Burial, cremation, or removal)

(b) Date thereof **1-3-48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Richmond, Va**

18. (a) Signature of funeral director **M. Langlin Bros**

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

19. (a) **1-3-48** (Date received local registrar)

(b) **Hellie Thelott** (Registrar's signature) **73**

23. Signature **Dr. W. W. New** (M. D. or other) **MD**

Address **Cooper Mo** Date signed **1/2/48**

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

Received:

Mo. Health Dist. No. 8.

Jan 10, 1948

APR 27 1948

JAN 14 1948

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.....

Licensed Embalmer No. 3157

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.