

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 9

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

1. PLACE OF DEATH: *Sedalia Pettis*
(a) County *Sedalia*
(b) City or town *Sedalia*
(c) Name of hospital or institution: *Rothwell Hosp. - 0*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution *7-10* (Specify whether
In this community *60 yrs.* years, months or days)

3. (a) PRINT FULL NAME *John Stephen McGow*
3. (b) If veteran, name war
3. (c) Social Security No. *1-12-48*

4. Sex *Male* 5. Color *White* 6. (a) Single, widowed, divorced, *Widowed*
6. (b) Name of husband or wife *Margaret* 6. (c) Age of husband or wife if alive *years*
7. Birth date of deceased *March 30, 1868*
(Month) (Day) (Year)

8. AGE: Years *79* Months *9* Days *10* If less than one day hr. min.

9. Birthplace *Cooper Co. Mo.*
(City, town, or county) (State or foreign country)
10. Usual occupation *Retired Postal Employee*

11. Industry or business
12. Name *Felix McGow*
13. Birthplace *Ireland*
(City, town, or county) (State or foreign country)
14. Maiden name *Elizabeth Garner*
15. Birthplace *Ireland*
(City, town, or county) (State or foreign country)

16. (a) Informant *Mr. Julius Stohr*
(b) Address *904 So. Prospect*
17. (a) *Burial* (b) Date thereof *1-12-48*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Calvary Cem.*
18. (a) Signature of funeral director *M. Gallagher Bros*
(b) Address *Sedalia, Mo.*
19. (a) *1-12-48* (b) *Betty Yeager*
(Date received local registrar) (Print name and 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. *904 So. Prospect* 4
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month *Jan* day *10*
year *1948* hour *2:20* minute *a* M.
21. I hereby certify that I attended the deceased from *Dec 8, 1947* to *Jan 10, 1948*
that I last saw him alive on *Jan 9, 1948*
and that death occurred on the day and hour stated above.

Immediate cause of death: *Gastric Hemorrhage* 3 da
Due to *Obstructive lesion of pylorus probably*
Hemorrhage on old ulcer 7 yrs.
Other conditions *jaundice*
(include pregnancy within 3 months of death)

Major findings:
Of operations *46B*
Of autopsy _____

22. If death 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) (e) Means of injury _____
23. Signature *A. L. Walter* (M. D. or other) *MD*
Address *Sedalia, Mo.* Date signed *1-10-48*

Duration
Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 6,
District File Number _____
Date Filed 1-20-48

JAN 21 1948

SEP 4 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 J. P. M. Crary
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.