S. No. 2'
I—1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 1976

Registration District No. 274 | Primary Registration District No. 3052 | Registrar's No. 1

WRITE PLAINLY—USING 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: 601 South 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)
In this community: 44 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.: 601 South Lafayette
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Dora Attillia Settles
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Bemjamin F. Settles
6. (c) Age of husband or wife if alive: deceased years
7. Birth date of deceased: August 24, 1876 (Month) (Day) (Year)
8. AGE: Years 71 | Months 4 | Days 10 | If less than one day ..... hr. ..... min.
9. Birthplace: Ladue, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
FATHER
12. Name: James T. Settles
13. Birthplace: Sidell, Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Sallie J. Birge
15. Birthplace: Sidell, Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Bennie Roberts, (nephew)
(b) Address: 601 S. Lafayette, Sedalia, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Longwood Cemetery
18. (a) Signature of funeral director: Duane Ewing
(b) Address: Sedalia, Missouri
19. (a) Jan. 5, 1948 (Date received local registrar) (b) Betty Yeager (Registrar's signature) 25 County

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3 year 1948 hour 4:15 minute P. M.
21. I hereby certify that I attended the deceased from March, 1946 to Jan 3, 1948 and that I last saw her alive on Jan 2, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Hemorrhage from stomach | 2 da |
| Due to: Cardio-renal vascular disease | 10 years |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: 5/7 | |
| Of autopsy: | |

PHYSICIAN — Underline the cause of 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? ..... (Specify type of place) 0
While at work? ..... (e) Means of injury .....
23. Signature: W. R. Edwards (M. D. ~~or other~~) MD
Address: Sedalia, Mo. Date signed: Jan. 5, 1948

Jefferson City Printing Co. (Licensed Embalmer) (Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 1-12-48

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 Warren K Dietz, Registered Apprentice No. 70, working under my personal supervision.

Signed Duane Ewing

Licensed Embalmer No. 38 47

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.