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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 13 1948

Registration District No. ____

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4128

State File No. 4301

Registrar's No. 21

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Missouri City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri City
(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: 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Clay
(c) City or town: Missouri City
(If outside city or town limits, write "RURAL")
(d) Street No.: None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: SALLIE L. George
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: wh
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: R. W. George
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: April (Month) 13 (Day) 1859 (Year)
8. AGE: Years 88 Months 9 Days 29 If less than one day ____ hr. ____ min.
9. Birthplace: Augusta (City, town, or county) Ky. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ____
FATHER
12. Name: Lusty
13. Birthplace: Unknown (City, town, or county) Ky. (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Ky. (State or foreign country)
16. (a) Informant: Verla Bell
(b) Address: Missouri City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/14/48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Missouri City Church - Anchusa
18. (a) Signature of funeral director: ____
(b) Address: Liberty Mo
19. (a) 2/14/48 (Date received by local registrar) Pauline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12 year 1948 hour 9 minute 04 M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw ____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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): Coronary Occlusion
(b) Date of occurrence: Feb. 12 - 1948
(c) Where did injury occur? Mo. City, Clay Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home (Specify type of place)
While at work? ____ (e) Means of injury: ____
23. Signature: P. W. Frasher Coroner (M. D. or other)
Address: Excelsior Springs Mo Date signed: 2-12-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number.....

Date Filed 3-12-48

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 Harold H. Smith, Registered Apprentice No. 33, working under my personal supervision.

Signed John Lombard

Licensed Embalmer No. 4448

P. O. Address Liberty

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.