

FILED APR 10 1948
Registration District No. 274

Primary Registration District No. 3052

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

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Bethwell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Sherry Faye Page

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced ✓
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov 12 - 46
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 7 — hr. min.

9. Birthplace Sedalia Pettis Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Claude Page
13. Birthplace Morgan Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Evelyn Wagonmiller
15. Birthplace Pettis Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Evelyn Page
(b) Address Sedalia Mo

17. (a) Burial (b) Date thereof 3-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director A. F. Hammer
(b) Address Sedalia Mo

19. (a) 3-21-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pettis
(c) City or town Rural Smithton
(If outside city or town limits, write "RURAL")
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1948 hour 12 minute 45 P M.

21. I hereby certify that I attended the deceased from 15 March 1948 to 19 March 1948; that I last saw her alive on 19 March 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Menigitis Influenzal (Pfeiffer Bacillus)

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

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) (e) Means of injury —

23. Signature Sherrill (Physician's signature) Address Sedalia Mo Date signed 3/20/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed, 4-9-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

A. F. Nemeyer

Licensed Embalmer No.

3912

P. O. Address

Smithton Ind

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.