

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9699

FILED MAR 23 1948

Registration District No. 274

Primary Registration District No. 5935

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.R. #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME SARAH ELLEN WEAR

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 Married
6. (b) Name of husband or wife George W. 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased September 9, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 5 20 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name William H. Taylor
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Lee
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant George W. Wear
(b) Address R.R. #2, Sedalia, Mo.

17. (a) Burial (b) Date thereof 3-2-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo. Willard
(b) Address Sedalia, Mo.

19. (a) 3/1/48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29th
year 1948 hour 4 minute 55 A. M.

21. I hereby certify that I attended the deceased from Feb 27 - 1948 to Feb 29 - 1948
that I last saw him alive on Feb 27 - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Degeneration
Myocardial
Infarction
Due to Thrombosis

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 Alfred E. Weaver (M. D. or other) M.D.
Address 111 W 4 Sedalia Date signed 3-1-48

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

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.....

Frank S. Coffman Jr., Registered Apprentice No. *16*
working under my personal supervision.

Signed *John A. Cantlon*

Licensed Embalmer No. *4387*

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.