

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAY 6 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13606

Registrar's No. 116

Registration District No. 274

Primary Registration District No. 3052

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 City Hospital # 20
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community 19 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME

W M E. VANCEY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex

M 2

5. Color or race N

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

Georgia H. Vancey

6. (c) Age of husband or wife if alive years

22 1870

7. Birth date of deceased

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

78

2

19

hr. min.

9. Birthplace

Howard Co Mo

10. Usual occupation

Barber

11. Industry or business

12. Name

Unknown

9

13. Birthplace

Unknown

(City, town, or county) (State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs Alma Johnson

(b) Address

11 W Cooper Sedalia Mo

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

4-23-48

(c) Place: burial or cremation

Glasgow Mo

18. (a) Signature of funeral director

J B Ferguson

(b) Address

117 E Jefferson Sedalia Mo

19. (a)

4-23-48 Betty Yeager

(Date received local registrar)

(Signature of Registrar)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 111 W Cooper
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1948 hour 11:30 minute A.M.

21. I hereby certify that I attended the deceased from April 18 1948
that I last saw him alive on April 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Phonetic Encephalitis

Duration

year

Due to

Phonetic Encephalitis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to 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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

J W L Vancey

(M. D. or other)

Address

Sedalia Mo

Date signed

4/24/48

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-5-48.....

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 F. D. Ferguson.....

Licensed Embalmer No. 2172.....

P. O. Address. Sedalia.....

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.