S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17136

FILED MAY 20 1948

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 137

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: 1006 East 4th (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: fifteen 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.: 1006 East 4th (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Cloma Isabel Larabee

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: Married

6. (b) Name of husband or wife: James W. Larabee

6. (c) Age of husband or wife if alive: 76 years

7. Birth date of deceased: September 17, 1889 (Month) (Day) (Year)

8. AGE: Years 58 | Months 7 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace: Gentry County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business .....

FATHER
12. Name: Willis R. Beard
13. Birthplace: unknown unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Bell Collett
15. Birthplace: unknown, Iowa (City, town, or county) (State or foreign country)

16. (a) Informant: James W. Larabee (husband)
(b) Address: 1006 East 4th, Sedalia, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ainsworth, Nebraska

18. (a) Signature of funeral director: Shane Ewing
(b) Address: Sedalia, Mo.

19. (a) 5/10/48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 9 year: 1948 hour: 9:00 minute: P. M.

21. I hereby certify that I attended the deceased from March 11, 1948 to May 9, 1948 that I last saw him alive on May 9, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic carcinomatosis	4 mos
Due to: Primary carcinoma of	
Due to: uterus	6 years
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 4-8-13	
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? ..... While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature: W. L. Edwards (M. D. or Coroner)
Address: Sedalia, Mo. Date signed: 5/10/48

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 5-19-48

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. 3847

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.