

No. 2
-12-45
5-17-39
47070
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17137
Registrar's No. 144

FILED MAY 25 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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1319 E 22 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME Lizzie Le Begue
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased March 20, 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 21 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Gus Dietzman 4
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Mary Taber
15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant William Le Begue

(b) Address 1319 E 22 Sedalia Mo

17. (a) burial (b) Date thereof 5-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cem

18. (a) Signature of funeral director M. Laughlin Broo

(b) Address 519 So Ohio Sedalia Mo

19. (a) 5-13-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL.")
(d) Street No. 1319 E 22 4
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1948 hour 14 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 3, 1948 to May 11, 1948
that I last saw her alive on May 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 8 da
Duration

Due to Hypertension and obesity
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930
Of autopsy 11
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 0

23. Signature A. L. Walter (M. D. or other) MD
Address Sedalia Mo Date signed 5-12-48

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-24-48

OCT 6 1956

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

K. M. Cray

Licensed Embalmer No.

3153

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.