

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23795
Registrar's No. 235

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:
1620 S. Missouri
(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 Daisy Virginia Allen

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 Edward H. 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased August 31, 1876
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 0 If less than one day hr. min

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

10. Usual occupation Housewife

11. Industry or business

12. Name Elijah T. Smith

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Martha Ellen Warner

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. L. Smith

(b) Address 405 W. 7th, Sedalia, Mo.

17. (a) Burial (b) Date thereof 8-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director W. H. Keckart

(b) Address Sedalia, Missouri

19. (a) 8/3/1948 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

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. 1620 S. Missouri
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
year 1948 hour 12:50 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 1 1948
that I last saw him alive on July 31 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Hemiplegia
Due to Hypertension
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) (Specify means of injury)

23. Signature P. L. Walter (M. D. or other) MD
Address Sedalia Date signed 8-2-48

Duration

8 hrs
4 mos

5 yrs

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

8-12-48

AUG 13 904

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 _____

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.