

FILED OCT 4 1948

State File No. _____

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 260

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:
Bethwell Hosp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 DAY
(Specify whether
 In this community Wife
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME GOLDIA FAYE ANTWILER

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife JOHANNY ANTWILER JR 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 9 1912
(Month) (Day) (Year)

8. AGE: Years 35 Months 10 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace BENTON COUNTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Samuel E. Downs 9
 13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Grace Clark
 15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Downs

(b) Address Sedalia, Mo

17. (a) Burial (b) Date thereof 9/5/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Home Cem

18. (a) Signature of funeral director John F. Reser

(b) Address Warsaw, Mo

19. (a) 9-1-48 (b) Beth Yeager
(Date received local registrar) (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
 year 1948 hour 7:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 2 AM
Aug 31, 1948, to Aug 31, 1948;
 that I last saw her alive on Aug 31, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus

Due to Subacute bacterial endocarditis 3 wks

Due to Otitis media, acute (+ chronic) 1 month

Other conditions Pyrexia, severe
(Include pregnancy within 3 months of death)

Major findings: none
 Of operations _____
 Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence _____

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? None (e) Means of injury None

23. Signature [Signature] (M. D. or other) MD
 Address 314 1/2 S. Ohio, Sedalia, Mo. Date signed 9-1-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-1-48

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 John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.