

X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 3 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 299

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:
1419 South Osage /
 (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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Pettis 80
 (c) City or town Sedalia 6
 (If outside city or town limits, write "RURAL") 4
 (d) Street No. 1419 South Osage 3
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY P. THOMAS
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. / race W. 5. Color or race _____
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Logan P. 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 23, 1869
 (Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Thomas Potter D

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

14. Maiden name Lucy Matilda Ware

15. Birthplace _____ Texas /
 (City, town, or county) (State or foreign country)

16. (a) Informant A. A. Potter

(b) Address 1616 East 9th, Sedalia, Missouri

17. (a) Burial (b) Date thereof 10-15-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director D. W. Heckart

(b) Address Sedalia, Missouri

19. (a) 10-15-48 (b) Betty Yeager
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13, year 1948 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct. 6 1948 to Oct. 13, 1948 that I last saw her alive on Oct. 13, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coma from Cerebral Hemorrhage 4 da. Duration _____

Due to _____

Due to _____

Other conditions Diabetes m.
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy fol

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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

(c) 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) Means of injury 2

23. Signature E. D. Volbert (M. D. or other) MD

Address Sedalia, Mo. Date signed 10/14/48

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 10-25-48

6770
10-25-48

NOV 9 1948

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. Cantlan
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.