

No. 2
5-43
5-17-39
X36671

FILED DEC 1 1948

State File No. _____

Registration District No. 274

Primary Registration District No. 5933

Registrar's No. 328

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia (Rural)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Highway # 65 - 11 mi North - Longen and Jump
(If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days 12 yrs

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 804 N Mount
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ELI VERNON DUSLEY
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 18
 year 1948 hour 1:30 minute _____ a. M.
 21. I hereby certify that I attended the deceased from 11/18/48 to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex M 2. Color or race N
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 2 15 1921
(Month) (Day) (Year)

Immediate cause of death Fire
 Due to auto wreck
 Due to Tire blow out
 Other conditions with
(Include pregnancy within 3 months of death)

8. AGE: Years 27 Months 9 Days 3 hr. _____ min. _____
If less than one day, _____

9. Birthplace Pennsylvania Saline Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business _____
 12. Name Eli Dusley
 13. Birthplace Montezuma Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Bella Lewis
 15. Birthplace Saline Co Mo
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____

16. (a) Informant Eli Dusley
 (b) Address Sedalia Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-48
(Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence 11/18/48
 (c) Where did injury occur? Highway 65 - Pettis Co
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Roadside
 While at work? no (Specify type of place) (d) Means of injury car

(c) Place: burial or cremation Furns Creek Saline Co Mo
 18. (a) Signature of funeral director H. D. Steigman
 (b) Address Sedalia Mo
 19. (a) 11-18-48 (Date received local registrar) (b) Betty Yeager
(Registrar's signature) Deputy

23. Signature Dr. H. T. Holden (M.D. or other) DO
 Address 215 E. 2nd - Sedalia Date signed 11/19/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

11-30-48

NOV 27 1948
DISTRICT HEALTH OFFICER

DEC 11 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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.