No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41020

FILED DEC 31 1948

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 365

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: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton
(c) City or town Warsaw
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sallie Ann Jones
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joe Jones
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Jan (Month) 5 (Day) 1878 (Year)

8. AGE: Years 70 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Tipton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Judge T. J. Snoograss
13. Birthplace Monitaw Co. (City, town, or county) Missouri (State or foreign country)
14. Maiden name Sallie Ann Briscoe
15. Birthplace Cooper Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Joe Jones
(b) Address Warsaw Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director Mc Laughlin Bros
(b) Address Sedalia Mo.
19. (a) 12-13-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 10th 1948 year 1 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 1st 1948 to 12-10- 1948 that I last saw her alive on Dec. 10, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial failure	1 day
Due to Coronary insufficiency	2 mos.
Due to Arteriosclerosis, coronary arteries; chronic myocarditis	2 yrs. plus
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause of 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? — (Specify type of place)
While at work? — (e) Means of injury

23. Signature [illegible] (M. D. ~~or other~~) M.D.
Address 312½ S. Ohio St., Sedalia, Mo Date signed 12-13-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

EIVED
t Health Officer No. 8,
File Number
Filed 12-30-48

JAN 5 1949

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 P McCrary

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.