

No. 2  
-1/47  
-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41037

State File No. ....

FILED DEC 31 1948  
Registration District No. 299

Primary Registration District No. 5935

Registrar's No. 373

1. PLACE OF DEATH

(a) County Pettis

(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Buena Vista Home 5  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 5.2 years  
(Specify whether years, months or days)

In this community About 52  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward Hall

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive 1879 years  
(Month) (Day) (Year)

7. Birth date of deceased About 1879  
(Month) (Day) (Year)

8. AGE: About 69

Years	Months	Days	If less than one day
			hr. .... min.

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

10. Usual occupation Simate of Home

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Buena Vista Home

(b) Address Sedalia, Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 12-18-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cem.

18. (a) Signature of funeral director M. Laughlin Bros

(b) Address Sedalia, Mo.

19. (a) 12-18-48  
(Date received local registrar)

(b) Betty Yeager  
(Registrar's signature) Deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pettis

(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")

(d) Street No. R419  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov - day 18 - year 1948 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 1st, 1948, to Nov 16, 1948, that I last saw her alive on Nov 17, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach (Cardiac)

Due to.....

Due to.....

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

Major findings: 46B

Of operations.....

Of autopsy.....

Duration

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 B. Sweeney  
(M.D. or other)

Address Sedalia Mo. Date signed 12/17-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-30-48

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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 *W. P. L. Lavery*

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.