

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:
1214 East 10th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community lifetime
years, months or days)

3. (a) PRINT FULL NAME John Spencer McFatrigh

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 Married
6. (b) Name of husband or wife Mrs. Alma Moon McFatrigh 6. (c) Age of husband or wife if live 60 years
7. Birth date of deceased Sept. 14, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 4 20 ..hr.min.

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

10. Usual occupation Farmer

11. Industry or business Retired

12. Name John McFatrigh
13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mandy Hughes
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma McFatrigh

(b) Address 1209 East 11th, Sedalia, Mo.

17. (a) Burial (b) Date thereof Feb. 6, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flat Creek Baptist Cemetery

18. (a) Signature of funeral director Chas. Ewing

(b) Address Sedalia, Missouri

19. (a) 2/5/42 (b) Mrs. Alma McFatrigh
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia
(If outside city or town limits, write "RURAL.")
(d) Street No. 1209 East 11th
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1942 hour 11:55 minute A. M.

21. I hereby certify that I attended the deceased from March 1941 to February 4, 1942
that I last saw him alive on February 4, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Chronic intestinal nephritis

Due to Chronic myocarditis

Other conditions Arteriosclerosis advanced
(Include pregnancy within 3 months of death)
Essential hypertension

Major findings: Of operations.....

Of autopsy 131a

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?

While at work..... (Specify type of place) (e) Means of injury.....

23. Signature Edna Stufflebe (M. D. or other) DMO

Address Sedalia, Missouri Date signed 2-4-42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-11-42

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 E. Myers

Licensed Embalmer No. 2220

P. O. Address Seaside, 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.