

FILED AUG 9 1945

Registration District No. 277

Primary Registration District No. 3052

Registrar's No. 184

1. PLACE OF DEATH, Pettis
(a) County
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1005 East Third
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 years (Specify whether years, months or days)
In this community 15 years

3. (a) PRINT FULL NAME Ted Louis
3. (b) If veteran, none
name war
3. (c) Social Security No. 491-07-7235

4. Sex Male ()
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Maggie Louis
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased April 29, 1885
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 27
If less than one day hr. min.

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

10. Usual occupation painter

11. Industry or business

MOTHER FATHER
12. Name William Louis
13. Birthplace unknown, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maggie Louis (wife)
(b) Address 1005 East Third, Sedalia, Mo.
17. (a) Burial (b) Date thereof 7/28/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Anne Ewing
(b) Address Sedalia, Mo.
19. (a) 7/28/45 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri Pettis
(a) State (b) County
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1005 East Third
(If rural, give location)
no.
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 26
year 1945 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from July 25 to July 26, 1945.
that I last saw him alive on July 26, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Ecchymosis, Gastritis and solitary perforation
Due to of the blood

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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 W. J. Bishop (M. D. or other)
Address Sedalia, Mo. Date signed 7-27-45

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-7-45

8-7-45-194

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

Dwaine Ewing

Licensed Embalmer No.

3847

P. O. Address

Lidalia M.

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.