

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **209**

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:
1716 S. Ohio St.
(If not in hospital or institution, write street number or location)

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

In this community Lifetime

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. 1716 S. Ohio St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mertie May Beeler

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George H. Beeler 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April 14 1882
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>65</u> | <u>1</u> | <u>25</u> | hr. min. |

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name George Smith

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

14. Maiden name Anna Fordney

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

16. (a) Informant George H. Beeler

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 6/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Geo. Dillard

(b) Address Sedalia, Mo.

19. (a) 6/10/47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1947 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6-7-1947
3 P.M. 1947 to 6-9 1947
that I last saw her alive on 6-8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 1/2 hr.
Due to Arteriosclerosis

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

Major findings: Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause to 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?.....

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

23. Signature W. E. Bess, M.D. (M. D. or other).....

Address Sedalia Mo. Date signed 6-10-47

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

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6
4

Beer

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

6-18-47

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 A. Cantlow

Licensed Embalmer No. 4387

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.