

S. No. 2
-12-45
5-17-39
X47070

FILED FEB 28 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 29

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

1. PLACE OF DEATH: *Pettis Sedalia*

(a) County *Pettis*

(b) City or town *Sedalia*

(c) Name of hospital or institution: *311 E. 25 1*

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *Life*

In this community *Life* years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *Pettis* 80

(c) City or town *Sedalia* 6

(d) Street No. *311 E. 25* 4

(e) Citizen of foreign country? *No* (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME *Marie Margaret Stetzenbach*

(b) If veteran, name war *-*

(c) Social Security No. *✓*

20. DATE OF DEATH: Month *Feb.* day *1* year *1948* hour *11 a.m.* minute _____ M.

21. I hereby certify that I attended the deceased from *6 P.M.* 1948 to *Jan. 30.* 1948 and that I last saw her alive on *Feb. 1* 1948 and that death occurred on the date and hour stated above.

4. Sex *Female* 5. Color *White* race *White*

6. (a) Single, widowed, married, divorced *Single* 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased *Febry 13, 1947*

(Month) (Day) (Year)

Immediate cause of death *Double Lobar Pneumonia*

Due to *Pneumococcus* 17 days

8. AGE: Years Months Days If less than one day

0 11 18 hr. _____ min.

Due to _____

Other conditions *Fermentative Diarrhea* 3 days

(Include pregnancy within 3 months of death)

9. Birthplace *Sedalia Mo 0*

(City, town, or county) (State or foreign country)

10. Usual occupation *Infant*

Major findings: Of operations *106*

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name *Francis Stetzenbach*

13. Birthplace *Sedalia Mo 0*

(City, town, or county) (State or foreign country)

14. Maiden name *Mary Violet Beeler*

15. Birthplace *Sedalia Mo 17*

(City, town, or county) (State or foreign country)

16. (a) Informant *Francis Stetzenbach*

(b) Address *311 E. 25 Sedalia, Mo.*

17. (a) *burial* (b) Date thereof *2-3-48*

(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director *M. Kaughlin Bro.*

(b) Address *515 So. Ohio Sedalia, Mo.*

19. (a) *2-3-48* (b) *Betty Yeager*

(Date received local registrar) (Registrar's signature)

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. Best m.d.* M. D. or other _____

Address *Sedalia, Mo.* Date signed *2-2-1948*

RECEIVED

District Health Officer No. 6,

District File Number

Date Filed 2-27-48

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. M. Cary

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.