

REC'D JAN 18 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

*Walter*  
44094  
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis 2 Registration District No. 668  
(b) Township Sedalia 1 Primary Registration District No. 3039 Registered No. 353  
(c) City Sedalia 1 (d) Street No. 659 East 16th. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

208 Artie M. Dix  
(a) Residence, No. 659 East 16th. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tandy Dix  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1851  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
87 6 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME J. Q. Morton  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 1

MOTHER 15. MAIDEN NAME Artie M. Ellison  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 1

17. INFORMANT (ADDRESS) Mrs. Effie L. Piatt Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Peninsula Cem DATE Dec. 19, 1938.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gillespie Funeral Home Sedalia, Mo.

20. FILED DEC 19 1938 X Local Registrar. X

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from 1935 to Dec 17, 1938  
I last saw her alive on Dec 16, 1938 Death is said to have occurred on the date stated above, at 11:30 p.m.  
The principal cause of death and related causes of importance were as follows:

*Serulinity and Pemphigus*

Date of onset 12-10-38

Other contributory causes of importance: 100

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify A. L. Walter, M. D.  
(Signed) A. L. Walter (Address) Sedalia Mo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1/14/39

**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, \_\_\_\_\_

Geo. Dillard, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Geo. Dillard

Licensed Embalmer No. 3868

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, above space should be left blank.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

44094  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Pettis Registration District No. 668  
 (b) Township..... Primary Registration District No. 3032 Registered No.....  
 (c) City Sedalia (d) Street No..... St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Artie M. Dix  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
87 6 14

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

MOTHER  
 13. NAME .....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

15. MAIDEN NAME .....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE.....

19. FUNERAL DIRECTOR (ADDRESS) .....

20. FILED 9-16-39 Mrs. Harry Smeal Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 19.....  
 I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at..... m.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset .....

Other contributory causes of importance:  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify..... (Signed) A. J. Walter, M. D.  
 (Address) Sedalia, Mo

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

