

REC'D SEP 21 1939

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

29901
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. 246
(c) City Sedalia, Mo. (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

(a) Residence, No. 324 East Sedalia 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1919
7. AGE YEARS 20 MONTHS 2 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-7, 1939
22. I HEREBY CERTIFY, That I attended deceased from 7:30, 1939, to 8-7, 1939. I last saw h. in alive on 8-6, 1939. Death is said to have occurred on the date stated above, at 11:00 a.m. The principal cause of death and related causes of importance were as follows:
Date of onset

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. none 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Pulmonary Tuberculosis Jan. 39
Other contributory causes of importance: 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis county Mo

FATHER 13. NAME Ira Sigman 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis county Mo

MOTHER 15. MAIDEN NAME Ada Spired 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis county Mo

17. INFORMANT (ADDRESS) Mrs. Ada Scott Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newland, Mo. DATE Aug 9 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dwaine Cherry

20. FILED Aug 9, 1939 Mrs Harry Sneed Local Registrar.

Names 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) Dr. J. C. ..., M. D.
Sedalia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

80
4
7

Dr. Dyer
Sedalia Tr. Co. Bldg.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed *9/7/39*

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, *Darrell A.*

Harmon

or by

Registered Apprentice No., working under my personal supervision.

Signed

Jemell E. Richards.

Licensed Embalmer No. *2466*

P. O. Address *Lpton 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.