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10-39  
7-39  
X21492

Registration District No. 668 Primary Registration District No. 3032

1. PLACE OF DEATH: Pettis  
(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: BOTHWELL HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 DAYS  
In this community Life  
years, months or days \_\_\_\_\_ (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME SARAH REBELLA DEAL  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife HARLEY H DEAL 6. (c) Age of husband or wife if alive 46 years  
7. Birth date of deceased JAN 21 1894  
(Month) (Day) (Year)

8. AGE: Years 49 Months 2 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name WARREN WILLIAMS  
13. Birthplace WARRENTON Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY C HOUSTON  
15. Birthplace CHARMOIS Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Harley Deal  
(b) Address Sedalia

17. (a) Burial (b) Date thereof 4-8-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem Park

18. (a) Signature of funeral director McLaughlin Bros  
(b) Address Sedalia

19. (a) 4-8-40 (b) Mrs Harry Sneed  
(Date received local registrar) (Registrar's signature)

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. 646 E. 10<sup>th</sup> St.  
(If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 5  
year 1940 hour 4:30 minute P. M.  
21. I hereby certify that I attended the deceased from 3/29, 1940, to 4/5, 1940  
that I last saw her alive on 4/5, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis Duration 3 da  
Due to Ruptured appendix (acute appendicitis)  
Due to \_\_\_\_\_

Other conditions 12/1  
(Include pregnancy within 3 months of death)

Major findings: A ruptured gangrenous appendix & gen. peritonitis  
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? 9 A M  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J W Boger MD (M.D. or other) \_\_\_\_\_  
Address Sedalia Mo Date signed 4/8/40

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

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 5-15-40

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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

*P. E. Baku*

Licensed Embalmer No.

*2419*

P. O. Address

*Sedalia*

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.