

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED JUN 18 1940

3082

Registration District No. 668

Primary Registration District No. _____

8044

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

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:
1218 So. Ohio
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

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. 1218 So. Ohio
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME David E. Paige 700

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.

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

7. Birth date of deceased Sept. 19, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 7 16 _____ hr. _____ min.

9. Birthplace Green Ridge Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Cashier 0

11. Industry or business Cafe 9

12. Name Martin V. Paige 9

13. Birthplace Unkown 9
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant R. E. Paige
(b) Address St. Louis Mo.

17. (a) Burial (b) Date thereof May 6/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.

19. (a) 4/6/40 (b) Mrs. Harry Sneed
(Dated and signed by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1940 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from 5-2
1940, to 5-5, 1940
that I last saw him alive on 5-4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Hypertension 370

Due to atherosclerosis ..

Due to coronary sclerosis ..

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 9412
Of operations _____

Of autopsy _____

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? _____

906
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. M. Rodeman (M. D. or other) 1
Address 229 1/2 City Bldg Date signed 5-6-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-14-40

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 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.