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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED JUN 13 1940

# STANDARD CERTIFICATE OF DEATH

State File No. 19218

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 190

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

**1. PLACE OF DEATH:**

(a) County Pettis

(b) City or town Sedalia

(c) Name of hospital or institution:  
1408 West Broadway 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

8. (a) PRINT FULL NAME Betty Elmore Haggard 263

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Andrew L. Haggard 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 30, 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>3</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Warsaw Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Oliver Elmore

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

14. Maiden name Sallie Payne

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

16. (a) Informant Mrs. Carmine Mayfield  
(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof May 28/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

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

19. (a) 5/28/40 (b) Mrs. Harry Suedt  
(Date received by 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. 1408 West Broadway  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1940 hour \_\_\_\_\_ minute 11 M.

21. I hereby certify that I attended the deceased from June 2  
1940, to May 27, 1940  
that I last saw her alive on May 26, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery  
obsc.

Due to obscuration of coronary artery

Due to \_\_\_\_\_

Other conditions arteriosclerosis  
(Include pregnancy within 3 months of death)  
hypertension

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 5 hrs

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? \_\_\_\_\_

906  
While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Address] Date signed May 28, 1940

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

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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 Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Silabua 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.**