

Registration District No. 470 Primary Registration District No. 4283

1. PLACE OF DEATH
(a) County Lawrence
(b) City or town Mt Vernon, Mo
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 46 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence
(c) City or town Mt. Vernon, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Francis Eliza Sedwick
3. (b) If veteran, X name war
3. (c) Social Security No. X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 2nd
year 1940 hour 6 minute 15 A.M.
21. I hereby certify that I attended the deceased from Dec 30,
1940 to Sept 2, 1940

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert Chatham Sedwick 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Feb 7 1854
(Month) (Day) (Year)

that I last saw her alive on Sept 1, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death nephritis, chronic Duration 1 year

8. AGE: Years 86 Months 6 Days 25 If less than one day
hr. min.

Due to Cause unknown

9. Birthplace Craig Hill Co Mo
(City, town, or county) (State or foreign country)

Due to 171

10. Usual occupation at home

Other conditions none
(Include pregnancy within 3 months of death)

11. Industry or business X

Major findings: Of operations no

12. Name Jacob Thaggoner

Of autopsy no

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

14. Maiden name Elizabeth Gault

15. Birthplace Hill Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Lattie Hurler

(b) Address Mt Vernon Mo

17. (a) burial (b) Date thereof Sept 3-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. J. Cemetery

18. (a) Signature of general director George B. Orr

(b) Address Mt Vernon Mo

19. (a) Sept 2/40 (b) P.A. HOLMES
(Date received local registrar) (Registrar's signature)

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?
401

While at work? (Specify type of place)

23. Signature Don J. Silby (M. D. or other) 1

Address Mt Vernon, Mo Date signed 9-7-40

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1040-2759

Date Filed OCT 17 1940

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

George B Orr

Licensed Embalmer No.

946

P. O. Address

Mt Vernon N

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, fact should be so stated above.