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FILED OCT 18 1940

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

State File No. 32810

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 305

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Sedalia  
(c) Name of hospital or institution: 415 E 4<sup>th</sup> St.  
(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 9 mo.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 415 E - 4<sup>th</sup> St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mary Ann Reddy  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 18  
year \_\_\_\_\_ hour \_\_\_\_\_ minute 5 P. M.  
21. I hereby certify that I attended the deceased from Sept 14<sup>th</sup>  
\_\_\_\_\_, 1940 to Sept 18<sup>th</sup>, 1940  
that I last saw h. ee alive on Sept 18, 1940;  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 9<sup>th</sup> 1860  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage  
Duration Sept 14 1940

8. AGE: Years 80 Months 0 Days 9 If less than one day  
\_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Arteriosclerosis - Hypertension ?  
Due to \_\_\_\_\_

9. Birthplace Red Bud, Ill  
(City, town, or county) (State or foreign country)  
10. Usual occupation House Keeper 5

Other conditions RT Hemiplegia Sept 14 1940  
(Include pregnancy within 3 months of death) PHYSICIAN \_\_\_\_\_

MOTHER FATHER { 12. Name Edward Reddy  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Hickley  
15. Birthplace Chelard  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations None  
Of autopsy None

16. (a) Informant Rathin Connolly  
(b) Address 415 E 4<sup>th</sup> Sedalia  
17. (a) Burial (b) Date thereof Sept 19-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence None  
(c) Where did injury occur? None  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
At Home

18. (a) Signature of funeral director Medaughlin  
(b) Address Sedalia  
19. (a) 9-24-40 (b) Ans Harry Speed  
(Date received local registrar) (Registrar's signature)

23. Signature J. B. Doolittle M. D.  
Address Sedalia Mo Date signed 9-19-40

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 10-11-10

**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.....

working under my personal supervision.

Registered Apprentice No. ....

Signed.....

*P. E. Baker*

Licensed Embalmer No. ....

P. O. Address.....

*2419  
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, fact should be so stated above.