

Byer

36027

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

State File No. 36027
Registrar's No. 345

Registration District No. 668 Primary Registration District No. 3032

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: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
In this community _____
years, months or days (Specify whether)

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. 1416 So. Osage
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Johnny Glasgow Sundwall

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 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 1927
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
13 1 20 _____ hr. _____ min.

9. Birthplace Cross Timbers Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Roscoe H. Sundwall

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

14. Maiden name Elia Johnson

15. Birthplace Cross Timbers Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant R.H. Sundwall
(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof Nov. 1/40
(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) Oct 31-40 (b) Mrs Harry Sneed
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1940 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from 10/21, 1940, to 10/29, 1940
that I last saw him alive on 10/29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death meningitis

Due to otitis media

Due to _____

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

Major findings: _____
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?

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

23. Signature Dr. Byer (M. D. or other) _____
Address Sedalia, Mo. Date signed 10/31/40

Duration
20 da
30 da
PHYSICIAN
Underline the cause to which death should be charged statistically.

842

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 11-14-11

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. Willard

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36027**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **668**

Primary Registration District No. **3032**

Registrar's No. _____

R

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

1. PLACE OF DEATH
 (a) County Sedalia Pettis
 (b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(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)

3. (a) PRINT FULL NAME Johnny Glasgow Sudduth
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex m **5. Color or race** w
6. (a) Name of husband or wife _____
6. (b) Name of husband or wife _____
6. (c) Age of husband, or wife, if _____
 alive _____ year
7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 13 Months 1 Days 20
If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____
12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
(City, town, or county) (State or foreign country)
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ **(b) Date thereof** _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ **(b)** _____
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 29
 year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____
 _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Due to Otitis media
 Due to not epidemic in form
 Other conditions _____
(Include pregnancy within 3 months of death) SN

Major findings: _____
 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?
(Specify type of place)

While at work? _____ (a) Means of injury
23. Signature J. D. Oyer (M. D. or other) _____
 Address Sedalia Mo Date signed _____

SUPPLEMENTARY

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

