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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1941

Registration District No. 668

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3790

Primary Registration District No. 3032

Registrar's No. 38

80
6
4

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: /
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis 80 6
(c) City or town Sedalia 4
(If outside city or town limits, write "RURAL")
(d) Street No. 204 E Ham
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME BETTIE CRAIGHEAG

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

4. Sex F
5. Color or race Col
6. (a) Single, widowed, married, divorced Unk 9
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) Unknown (Day) (Year)

8. AGE: Years Months Days If less than one day
abt 70 Unknown hr. min.

9. Birthplace Saline Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business Self

FATHER
12. Name Maggie Brown
13. Birthplace Saline Co (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Mandy Bingham
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Eola Hayden
(b) Address Sedalia Mo

17. (a) Sedalia Mo (Burial, cremation, or removal) (b) Date thereof 1 (Month) 25 (Day) 1941 (Year)
(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director F D Ferguson
(b) Address Sedalia

19. (a) 1-27-41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1/23 day Jan
year 1941 hour minute 2:30 A M.

21. I hereby certify that I attended the deceased from Nov 1, 1940, to Jan 23, 1941,
that I last saw her alive on Jan 20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Chronic Nephritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature Dr W E Dancy (M. D. or other) D
Address Sedalia Date signed 1/27-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-10-41

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.