

MAR 10 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11621

1. PLACE OF DEATH

County Pettis

Registration District No. 668

File No. 668

Township Sedalia

Primary Registration District No. 3032

Registered No. 52

City Sedalia

(No. Northwell Bldg)

St. 0 Ward

2. FULL NAME William E. Searcy

(a) Residence, No. 1102 E 3rd St St. 0 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 yrs. moe. ds. How long in U. S., if of foreign birth? yrs. moe. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Searcy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 9 - 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 10 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Benton Co. Missouri
(STATE OR COUNTRY)

13. NAME Do Not Know

14. BIRTHPLACE (CITY OR TOWN) Do Not Know
(STATE OR COUNTRY)

15. MAIDEN NAME Do Not Know

16. BIRTHPLACE (CITY OR TOWN) Do Not Know
(STATE OR COUNTRY)

17. INFORMANT Andy Perry
(ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 2-3-1941

19. UNDERTAKER Mc Laughlin Bros
(ADDRESS) Sedalia

20. FILED Feb 3 1941

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 - 1941

22. I HEREBY CERTIFY That I attended deceased from Jan 30 1941 to Jan 31 1941. I last saw him alive on Jan 31 - 1941. Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
Stroke
Other contributory causes of importance: HTN

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify Yes
(Signed) W. E. Searcy M. D.
(Address) Sedalia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very im

100-100000-100000
8

RECEIVED
District Health Officer No. 8,
District Fine Number
Date Filed 3-13-41

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11621

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. _____

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 _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Wm E. Searcy

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1941 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 _____
Duration _____

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 22
If less than one day _____ hr. _____ 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 _____

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) 2-3-41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

Due _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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? _____

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

23. Signature E. C. Snavely (M. D. or other) _____

Address Sedalia Mo. Date signed _____

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

SUPPLEMENTAL

11621

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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