DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 186507

Registration District No. 668 | Primary Registration District No. 3032 | Registrar's No. 174

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: Bothwell Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pettis 80

(c) City or town: Sedalia (If outside city or town limits, write "RURAL") 6

(d) Street No.: 724 W. 6 (If rural, give location) 4

(e) Citizen of foreign country? ..... (Yes or No) No

If yes, name country .....

3. (a) PRINT FULL NAME: CAROLINE STELLA COURTNEY

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

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. (Month) 29 (Day) 1864 (Year)

8. AGE: Years 76 | Months 7 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace: Pettis County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Home

11. Industry or business .....

FATHER
12. Name: Pete Courtney
13. Birthplace: Shelby County (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Brack
15. Birthplace: Sedalia (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: William R. Courtney
(b) Address: Sedalia Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/18/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill

18. (a) Signature of funeral director: Mc Laughlin Bros.
(b) Address: Sedalia

19. (a) 5/17/41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1941 hour 9 minute 45 a.m.

21. I hereby certify that I attended the deceased from April 11 1941 to May 14 1941; that I last saw her alive on May 13 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Encephalitis (Immediate) — Duration 5 wks

Due to: Severe Concussion or Contusion of Brain

Due to: .....

Other conditions (Include pregnancy within 3 months of death): Fract. Rt. Femur; Fract. upper maxilla & nose

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): Accident
(b) Date of occurrence: April 11-1941
(c) Where did injury occur? Highway #50 - near Warrensburg (City or town) (County) (State) Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place) 132
While at work? No (e) Means of injury: Auto accident

23. Signature: [illegible] (M. D. or other) Address: Sedalia Mo Date signed: 5/17/41

(Licensed Embalmer's Statement on Reverse Side)

WHITE PAPER — USE ONLY BLACK INK — MAKE A PERMANENT RECORD

170 C 95

EIVED
ot Health Officer No. 8,
File Number
Filed 6-11-41

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia

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

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

2B
25-41
X27852

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18650

Registration District No. 668 Primary Registration District No. 3032 Registrar's No.

SUPPLEMENTARY

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 Caroline Stella Courtney

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced S

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 76 Months 7 Days 16 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis (Traumatic) — Duration

Due to Severe Concussion or Contusion of Brain

Due to

Other conditions Fract rt femur
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy no 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) acc

(b) Date of occurrence Apr 11 1941

(c) Where did injury occur? Near Warrensburg (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hgw # 50 (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

This was not a collision. Tire blew out and auto ran off of road.
Accident occurred on Federal Highway #50.

W. A. Bischoffberger MD.

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