

Registration District No. \_\_\_\_\_

Primary Registration District No. 3032

Registrar's No. 326

1. PLACE OF DEATH:

(a) County Pettis Mo  
(b) City or town Sedalia Mo  
(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 Mo  
(c) City or town Sedalia  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30  
year 1941 hour 4 minute 15 A M.

21. I hereby certify that I attended the deceased from 10/24 1941 to 10/30 1941  
that I last saw her alive on 10/30 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation  
according to history  
Due to Mitral regurgitation  
Duration 1 yr  
1 yr

Other conditions None  
(Include pregnancy within 3 months of death)  
Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy 932

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

3. (a) PRINT FULL NAME MINNIE GAY

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

4. Sex FB 5. Color or race Negro 6. (a) Single, widowed, married, divorced 1  
6. (b) Name of husband or wife John Gay Jr 6. (c) Age of husband or wife if alive unk years  
7. Birth date of deceased May 7 1887  
(Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business Home

12. Name John Jennings

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

14. Maiden name Unknown

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

16. (a) Informant John Gay Jr

(b) Address Sedalia Mo

17. (a) Sedalia Mo (b) Date thereof Apr 5 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director F. J.erguson

(b) Address Sedalia

19. (a) 11/4/41 (b) Mrs Harry Sneed  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other)  
Address 1182 W Main, Sedalia Mo Date signed 11/4/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

RECEIVED  
District Health Officer No. 8  
District File Number 11-27-47  
Date Filed \_\_\_\_\_

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 with the above constitutes grounds for revocation of license.)  
If this body is not embalmed, fact should be so stated above.