

JAN 16 1942

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 386

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 910 W 20 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 55 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

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

(d) Street No. 910 W 20  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Priscilla Maria Haight

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9  
year 41 hour 4 minute 40 A.M.

21. I hereby certify that I attended the deceased from Dec 2 1941 to Dec 9 1941  
that I last saw h. or alive on Dec 5 1941  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife John Haight 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Nov 6 1862  
(Month) (Day) (Year)

Immediate cause of death Pneumonia Duration 2 Wks

8. AGE: Years 79 Months 1 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to influenza

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

Due to \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 338

11. Industry or business at Home

12. Name S. G. Claburn

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

14. Maiden name Martha Blazley

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

Major findings: Of operations \_\_\_\_\_ Of autopsy ✓

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

16. (a) Informant Mrs Julia Francis Haight  
(b) Address Sedalia Mo.

17. (a) Burial (b) Date thereof 12/11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camp Branch

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? \_\_\_\_\_

18. (a) Signature of funeral director Mr Paul H. Bess  
(b) Address Sedalia Mo.

19. (a) 12-11-41 (b) Mrs Anna Berger  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature Alfred G. Johnson (M. D. or other) \_\_\_\_\_  
Address 111 W 14 Sedalia Mo. Date signed 12-10-41

RECEIVED

Health Officer No. 8,

File Number

Filed 1-14-42

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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 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, fact should be so stated above.