

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37780

State File No.

FILED DEC 8 1942
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 369

80
6
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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:
1807 W. BROADWAY
(If not in hospital or institution, write street number or location)

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

In this community 21 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis ⁸⁰

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

(d) Street No. 1807 W. Broadway ⁷
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ELIZA F. SOLOMON

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th
year 1942 hour 3 minute 30 AM

21. I hereby certify that I attended the deceased from 3/13
42 to 14/15 1942
that I last saw her alive on 11/13 1942
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 W 2

6. (b) Name of husband or wife WILLIAM C. SOLOMON

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

7. Birth date of deceased MARCH 20 1853
(Month) (Day) (Year)

Immediate cause of death Myocarditis Churic Duration _____

Due to Severe changes

Due to _____

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

8. AGE: Years Months Days If less than one day

89 7 25 : hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jeremiah Tomlinson

13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

14. Maiden name FRANCES ROSS

15. Birthplace Morgan Co. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Solomon

(b) Address Sedalia Mo.

17. (a) Burial (b) Date thereof 11-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Syracuse

18. (a) Signature of funeral director Gillespies

(b) Address Sedalia Mo.

19. (a) 11/16/42 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

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 J. W. Boger (M. D. or other) 0
Address Sedalia Mo. Date signed 11/16/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number _____

Dated 12-7-42

*Boyd
Boyd
Boyd*
(Handwritten signature)

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 Geo. Dillman
Licensed Embalmer No. 3868
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.