

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

LED MAY 20 1943
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 120

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:
407 N. Ohio
(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 Missouri (b) County Pettis

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

(d) Street No. 407 N. Ohio
(If rural, give location)

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

If yes, name country. — 0

3. (a) PRINT FULL NAME Anna Clay

3. (b) If veteran, name war _____ (c) Social Security No. 500-10-6208

4. Sex Female 5. Color or race negro

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

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

7. Birth date of deceased MAR 1 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3^d
year 1943 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from _____
_____ 1942 to 4-3- 1943;

that I last saw her alive on 4-3- 1943;

and that death occurred on the date and hour stated above.

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

60 | 1 | 2 | _____ hr. _____ min.

Immediate cause of death _____

Acute Myocarditis

Due to Chronic Interstitial Nephritis

Due to _____

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

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation DOMESTIC

11. Industry or business House work

12. Name James Boone

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

14. Maiden name Martha Brodax

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

16. (a) Informant Geo. Arnold

(b) Address Jefferson

17. (a) ~~Place of burial~~ (b) Date thereof 4 7 43
(Month) (Day) (Year)

(c) Place: burial or cremation Sedalia

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature A. R. Maddox (M. D. or other)
Address 116 S. W. Main Date signed 4/6-43

18. (a) Signature of funeral director Pryce Alexander

(b) Address 400 W. C. Ober, Sedalia, Mo.

19. (a) 4/7/43 (b) Anna Clay
(Date received local registrar) (Registrar's signature)

1022

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

8064

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number -----

Date filed -----

JUL 26 1943

JUN 17 1943

JUN 10 1943

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.....

J. Pryce Alexander

Licensed Embalmer No. 4245

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.