

FILED JUN 00 1943  
Registration District No. 2037 1/4

Primary Registration District No. 3252

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

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6  
4

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 Hosp O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 hrs (Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME Frank Delmer Veale

3. (b) If veteran, name war World War 1 3. (c) Social Security No. 498-22-8578

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Cecelia Maude Veale 6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased Feb. 23 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 3 24 hr. min.

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

10. Usual occupation Farmer & Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Clay Veale  
13. Birthplace Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Eliza Jane Veale  
15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maude Veale  
(b) Address 1025 Cherry St, Kansas City Mo.

17. (a) Burial (b) Date thereof June 20 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star Mo.

18. (a) Signature of funeral director White-Reser

(b) Address Warsaw, Mo.

19. (a) 6-18-43 (b) Donaldina Berger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton  
(c) City or town Warsaw  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17  
year 1943 hour 2:00 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 17, 1943 to June 17, 1943  
that I last saw him alive on June 17, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Perforating Gastric Ulcer Duration 3 days

Due to Perforating Gastric Ulcer

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

Other conditions Acute parenchymatous nephritis  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Perforating Gastric Ulcer, Inflamed Intestines  
Of operations \_\_\_\_\_  
Of autopsy not done  
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 M. P. [unclear] (M. D. or other) \_\_\_\_\_  
Address Swallow Me Date signed 6-17-43

RECEIVED

District Health Officer No. 8,

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

Date Filed 6-29-43

STATEMENT BY LICENSED EMBALMER

JUN 30 1943

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 \_\_\_\_\_

Licensed Embalmer No. 5053

P. O. Address Wasson, 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.