No. 2
—5-42
17-39
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27827

FILED AUG 27 1943

Registration District No. 46 Primary Registration District No. 4065 Registrar's No. 25

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

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Polo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓ 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 All His Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell 13
(c) City or town Polo 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Marietta F. Pettey
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fem.
5. Color or race 1
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife W. T. Pettey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug (Month) 4 (Day) 1854 (Year)

8. AGE: Years 88 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Caldwell Co. (City, town, or county) mo 0 (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Robert C. Hill
13. Birthplace (City, town, or county) Va. 1 (State or foreign country)
MOTHER
14. Maiden name Jane Hume
15. Birthplace (City, town, or county) Va. 1 (State or foreign country)
16. (a) Informant Mrs R. L. Salles
(b) Address Polo mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation Cowgill mo
18. (a) Signature of funeral director Abspaugh & Cowley
(b) Address Polo mo
19. (a) 8/6/43 (Date received local registrar) (b) Corrienne Garrett Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1943 hour 6 minute 30 A M.
21. I hereby certify that I attended the deceased from Sept 10, 1942 to June 30, 1943
that I last saw her alive on June 29, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 97	
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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature C H Wilson MD (M. D. or other)
Address Polo Mo Date signed 7-1-43

96

(Licensed Embalmer's Statement on Reverse Side)

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 L. A. Ellsperman

Licensed Embalmer No. 3408

P. O. Address Polo 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.

No. 2B
-5-43
X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. SEP

Registration District No. 46 Primary Registration District No. 4065 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Polo
(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 (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Marrietta F. Pettey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race White

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

6. (b) Name of husband or wife W. T.

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

7. Birth date of deceased Aug (Month) 4 (Day) 1854 (Year)

8. AGE: Years 88 Months 10 Days 26 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) Corrinne Garrett Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June Day 20
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

27827