

FILED NOV 8 1944

Registration District No.

Primary Registration District No. 3052

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:
201 S. Quincy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 56 years
years, months or days (Specify whether)

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. 201 S. Quincy
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Magdalene Pfeiffer

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Gerlach Pfeiffer
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 12
If less than one day hr. min.

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

10. Usual occupation.....
11. Industry or business Home.

12. Name Peter Meyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Lorsbach
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Pfeiffer
(b) Address Sedalia, Missouri
17. (a) Burial (b) Date thereof Oct. 13, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia, Missouri

19. (a) Oct. 10, 44 (b) Mrs. Anna Beszer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10/10 day
year 44 hour 11:30 minute A M.

21. I hereby certify that I attended the deceased from
April 1944 to 10/10 1944
that I last saw h. alive on 10/9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death transverse Colon
Carcinoma sigmoid
and liver

Due to.....
Due to..... 46

Other conditions (Include pregnancy within 3 months of death)
Cholelithiasis
Major findings:
Of operations.....
Of autopsy Carcinoma Colon, liver metastasis, gall stones.

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 H. W. Boyer (M. D. or other)
Address Sedalia, Mo Date signed 10/10/44

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

MOTHER FATHER

1022

11:30 AM - Oct 10

RECEIVED
Health Officer No. 8
Number
11-7-44

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 Philip M. McLaughlin
Licensed Embalmer No. 3729
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.