

S. No. 2
 DM-5-43
 v. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED APR 10 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1038

State File No. _____
 Registrar's No. 75

Registration District No. 274 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:
421 East Jackson
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community five months

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. 421 East Jackson
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Sarah Amanda Pilcher
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife W.S. Pilcher
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased November 13, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	4	0	_____ hr. _____ min.

9. Birthplace Harrison County, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____
 12. Name Frank R. Quigley
 13. Birthplace unknown, Indiana
(City, town, or county) (State or foreign country)
 14. Maiden name Henrietta Springer
 15. Birthplace unknown, Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Byron Pilcher, (son)
 (b) Address 421 East Jackson, Sedalia, Mo.
 17. (a) Burial (b) Date thereof 3/15/45
(Burial, cremation, or removal) (State) (Day) (Year)
 (c) Place: burial or cremation Knobnoster Missouri

18. (a) Signature of funeral director Dwaine Curing
 (b) Address Sedalia, Mo.
 19. (a) 3/15/45 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 13,
 year 1945 hour 8:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from April 1945 to March 13 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death embolism
 Due to Hypertension arterio sclerosis
 Other conditions None
(Include pregnancy within 3 months of death)

Major findings: no operation
 Of operations _____
 Of autopsy no autopsy

Duration Instant
 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) No accident
 (b) Date of occurrence No injury
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, or industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature L.B. Brader (M. D. or other)
 Address Sedalia Mo. Date signed 3/14/45

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

060
 4

RECEIVED

District Health Officer No. 8,

District File Number 477/45

Date Filed _____

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, Phane Ewing

Licensed Embalmer No. 8417

P. O. Address Madison

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.