. S. No. 2
0M—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10335

ILED ABR 12 1946

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 74

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 HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 8 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 80

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

(d) Street No. 921 WEST 6th.ST.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME VICTORIA M.GIFFEN

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 MARRIED

6. (b) Name of husband or wife L.E.GIFFEN

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased AUG. (Month) 25 (Day) 1878 (Year)

8. AGE: Years 67 | Months 6 | Days 13 | If less than one day ..... hr. ..... min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business .....

FATHER
12. Name UNKOWN
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 L.E.GIFFEN

(b) Address SEDALIA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR.9/46 (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Geo Dillard

(b) Address SEDALIA

19. (a) 3/9/46 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 8th. year 1946 hour 11.50, P.M. minute ..... M.

21. I hereby certify that I attended the deceased from January,12 ....., 19..., to March,8,1946. 19..46. that I last saw her alive on March,8,1946 ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis,pericarditis, Two or three years.

Due to Pyogenic infection.Pericadial effusion.

Due to Coronary occlusion.Two years ago.

Other conditions None.
(Include pregnancy within 3 months of death)

xxx

Major findings:
Of operations No operation.
xxx
Of autopsy No autopsy.
xxx

Duration

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 external cause.

(b) Date of occurrence xxx

(c) Where did injury occur? No injury. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No injury. (Specify type of place)

While at work? xxx (e) Means of injury xxx

23. Signature C.B.Frader (M. D. or other) M.D.

Address 112 W 4 Sedalia Mo Date signed 3/8/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-10-46

DEC 23 1958

MAY 20 1952

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 Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Decatur

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.