

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 370

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:
1402 East 4th
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 years
(Specify whether years, months or days)

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. 1402 E. 4th
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary A. McDaniels
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 28
 year 1946 hour 12 minute 30 P.M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Charles E. McDaniels
 6. (c) Age of husband or wife if alive 13 years 1872
 7. Birth date of deceased April 13 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from over one year, 1946, to Aug 28, 1946, that I last saw her alive on Aug 28, 1946, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>4</u>	<u>15</u>	hr. min.

Immediate cause of death
Carcinomatous - Liver and Gall
Bladder
 Due to _____

9. Birthplace Sutherland Iowa
(City, town, or county) (State or foreign country)
 10. Usual occupation housewife

Other conditions Amelias
(Include pregnancy within 3 months of death)
 Major findings: None
 Of operations _____
 Of autopsy None

MOTHER FATHER
 11. Industry or business George Washington Collett
 12. Name Unknown Indiana
 13. Birthplace Frankie Winslow
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown Indiana
 15. Birthplace Unknown Indiana
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. J. W. Larabee (daughter)
 (b) Address 1402 E. 4th-Sedalia, Mo.
 17. (a) burial (b) Date thereof Aug 30 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Crown Hill Cemetery

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) None
 (b) Date of occurrence _____
 (c) Where did injury occur? Please see other side
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Therese Ewing
 (b) Address Sedalia Mo
 19. (a) 8/29/46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (2) Means of injury _____
 23. Signature J. W. B. Carlisle M.D. (M. D. or other)
 Address Sedalia Mo Date signed 8.29.46

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

664

20152

This lady came under my care about one year ago. The patient could not give a very clear history of her illnesses. Her daughters told me that she had a "Carcinoma of the Gall Bladder" and that this diagnosis had been made in some other City. I was asked to merely treat her and relieve her pains. They state that operation was not indicated. I have treated her at intervals thru the above period. I do not know where the primary Carcinoma was but certainly she died from a general Carcinomatosis of the Liver.

Sedalia, Missouri,
August 29th, 1946.

Jno. B. Carlisle, M.D.

1946
RECEIVED

District Health Officer No. 8,
District File Number

Date Filed

2-14-46

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.....

Ralph E. Baker

Licensed Embalmer No. 2419

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.