

S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27959

FILED AUG 27 1946

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 337

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:
309 E. Pettis St.
(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

3. (a) PRINT FULL NAME Gladys Myles

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased August 8 1946
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name Unk. 9

13. Birthplace Unk. (City, town, or county) (State or foreign country)

14. Maiden name Dorothy Myles

15. Birthplace Bunceton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Myles

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof 8-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glenwood Cemetery

18. (a) Signature of funeral director Betty Yeager

(b) Address 400 W. Cooper, Sedalia, Mo

19. (a) 8-12-46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 309 E. Pettis 4
(If rural, give location) 0

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8th
year 1946 hour 11 minute 30 a. M.

21. I hereby certify that I attended the deceased from Aug 8th 1946, to Aug 8th 1946
that I last saw her alive on Aug 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation Duration _____

Due to Prematurity

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A. R. Madsen (M. D. or other) MD.
Address 116 1/2 W. Main Date signed 8-9-46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
26798

251

FILED

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-24-46

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 *J. Ruyre DeFand*

Licensed Embalmer No. 4246

P. O. Address *Sedalia*

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.