

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

FILED MAR 31 1947

State File No.

Registration District No. 274

Primary Registration District No. 5935

Registrar's No. 86

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Sedalia-Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Sedalia, RFD 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pettis
 (c) City or town Sedalia Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D 3
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME RUBY TURNER PETTY
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 6
 year 1947 hour 6:18 minute P M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Roy A. Petty
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased September 18 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from over 5 years 19____ to March 6 1947
 that I last saw h... alive on March 6 1947
 and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>50</u> | <u>5</u> | <u>16</u> | hr. _____ min. |

Immediate cause of death Carcinoma of Rt. Breast Duration 18 mos.

9. Birthplace Sedalia Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Due to General Metastases
 Due to Long Bones - Iliac 50 Duration 4 mos.

11. Industry or business _____
 12. Name C. L. Turner
 13. Birthplace Hannibal, Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Belle Haggard
 15. Birthplace Sedalia, Mo.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Roy A. Petty
 (b) Address Sedalia, Mo. RFD 3
 17. (a) Burial (b) Date thereof 3-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Crown Hill

Major findings: X Ray treatment
 Of operations None
 Of autopsy No

18. (a) Signature of funeral director Geo Hillard
 (b) Address Sedalia Mo
 19. (a) 3-7-47 (b) Betty Yeager
(Date received local Registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence no
 (c) Where did injury occur? no (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
none

While at work? none (Specify type of place) (e) Means of injury _____
 23. Signature Geo B. Carver M. D. (M. D. or other) _____
 Address Sedalia Mo Date signed 3-7-47

251 (Licensed Embalmer's Statement on Reverse Side)

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

50
0
0

MOTHER FATHER

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

RECEIVED

District Health: *C. No. 54*

District File Number

Date Filed *3-24-47*

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 *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.