

S. No. 2
DM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5 year
21833

State File No.

FILED JUN 19 1947
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 208

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 1 mo 9 days
In this community 38 Yrs.
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. 664 E. 16th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sadie Ellen Stuber

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife F.W. Stuber 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased May 4 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 1 2 hr. min.

9. Birthplace Pilot Grove Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Wm. H. Babbitt

13. Birthplace Pilot Grove Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Amanda

15. Birthplace Pilot Grove Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant F.W. Stuber

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 6-9-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo. Dillard

(b) Address Sedalia, Mo.

19. (a) 6/9/47 (b) Betty Yeager
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th
year 1947 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from March 4, 1947 to 6/6-47 19...
that I last saw him alive on 6-6-47 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon
Probable 1 yr -

Due to Metastasis of liver

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations as above
Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(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) 0
(c) Means of injury

23. Signature Dr. J. G. ... (M. D. or other) M.D.
Address Sedalia Mo. Date signed 6/9/47

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

80
6
4

80
6
4
0

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-18-47

JUN 18 1947

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.