

No. 2
12-45
5-17-39
K47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35273**

FILED NOV 10 1947

Registration District No. **274**

Primary Registration District No. **5935**

Registrar's No. **367**

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: **Route 2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community **57 years in Pettis County**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis** **80**

(c) City or town **Sedalia Rural** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. **Route 2** **0**
(If rural, give location)

(e) Citizen of foreign country? **No** **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Tennie Smith Wainscott**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **29**, year **1947** hour **12:40** minute _____ A. M.

4. Sex **Female** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Harry P. Wainscott**

6. (c) Age of husband or wife if alive **62** years

21. I hereby certify that I attended the deceased from **Oct. 26** **1947** to **Oct. 29** **1947** at **2 P.M.** that I last saw her alive on **Oct. 26** **1947** and that death occurred on the date and hour stated above.

7. Birth date of deceased **August 25, 1870**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	2	4	hr. _____ min.

Immediate cause of death **Senility**

Due to _____

Due to _____

9. Birthplace **Johnson City, Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER {

11. Industry or business _____

12. Name **James Mede Smith**

13. Birthplace **unknown, Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Ann M. McCracken**

15. Birthplace **unknown, Tennessee**
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Harry P. Wainscott (husband)**

(b) Address **Route 2, Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **10/31/47**
(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:

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? _____

18. (a) Signature of funeral director **Shane Ewing**

(b) Address **Sedalia, Missouri**

19. (a) **10/31/47** (b) **Betty Yeager**
(Date received local registrar) (Registrar's name) (City)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **W.E. Best, M.D.** (M. D. or other) **0**

Address **Sedalia Mo.** Date signed **10-29-1947**

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

RECEIVED

District Health Officer No. 3,

District File Number _____

Date Filed 11-6-47

DEC 9 1947

Dr. Bess
210 1/2 S. Ohio

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 _____

Harren K Dietz

Registered Apprentice No. 70

working under my personal supervision.

Signed

Shane Ewing

Licensed Embalmer No. 3847

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.