

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39155

State File No. \_\_\_\_\_

FILED NOV 19 1947

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 382

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:  
Accident West 3rd 3  
(If not in hospital or institution, write street number or location)

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

In this community Life years, months or days (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME GEORGIA MAY SOUTHARD

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

4. Sex Female / 5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 16 - 1928  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>18</u>	<u>10</u>	<u>28</u>	_____ hr. _____ min.

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

10. Usual occupation Clark

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Lee Southard

13. Birthplace West Plains Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Rachael May Plumb

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

16. (a) Informant Lee Southard

(b) Address Green Ridge R.F.D. #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Mc Laughlin Bros

(b) Address Sedalia, Mo.

19. (a) 11-13-47 (Date received local registrar) (b) Betty Yeager Registrar's signature  
15 10 Deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

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

(d) Street No. R.F.D. #2 (If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12  
year 1947 hour 1:15 minute A. M.

21. I hereby certify that I attended the deceased viewed from as coroner  
11/12/47, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

multiple fractures of  
skull

Due to Being in car wreck.

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) accident 132

(b) Date of occurrence 11/12/47

(c) Where did injury occur? Sedalia Pettis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public street

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury car 2

23. Signature H. L. Holden (M.D. or other) D.O.  
Address 215 E. 1st Sedalia Mo Date signed 11/12/47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed..... 11-18-47.....

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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..... *K.P.M. Cray*.....  
Licensed Embalmer No. *3153*.....  
P. O. Address..... *Sidalia*.....

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.