

FILED DEC 3 1948

Registration District No. **274**

Primary Registration District No. **3052**

Registrar's No. **333**

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:  
**1321 S. MONITEAU**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **43 yrs.**  
(Specify whether 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. **1321 S. Moniteau**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country: **--**

3. (a) PRINT FULL NAME **WILLIAM WESLEY CECIL**

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

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Louise McClure Cecil**  
 6. (c) Age of husband or wife if alive **68** years  
 7. Birth date of deceased **March 5, 1874**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **8** Days **13**  
 If less than one day: **--** hr. **--** min.

9. Birthplace **Golden City, Dade Co., Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Barber, retired.**

11. Industry or business **--**

MOTHER FATHER { 12. Name **John Wesley Cecil**  
 13. Birthplace **Greensborough, N.C.**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Virginia Poe**  
 15. Birthplace **Dade Co., Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Gerald Cecil**  
 (b) Address **1321 S. Moniteau, Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 20, '48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **Shirley Young**  
 (b) Address **7th & Osage, Sedalia, Mo.**

19. (a) **11/19/48** (b) **Betty Yeager**  
(Date received local registrar) (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **18**  
 year **1948** hour **--** minute **29** M.

21. I hereby certify that I attended the deceased from **18 Nov. 10** to **19 Nov. 17** 19**48**,  
 that I last saw him alive on **17 Nov. 17** 19**48**,  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Brain Contusion** Duration **7 days**  
 Due to **Fall down steps 11-10-48**  
**to cement pavement floor**  
 Due to **Paralysis, Apoplexy & Yell**  
**Senile Degeneration**  
 Other conditions **General debility**  
(Include pregnancy within 3 months of death)

Major findings: **18 Nov 48**  
 Of operations: **--**  
 Of autopsy: **18 Nov 48**

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**  
 (b) Date of occurrence **11-18-48**  
 (c) Where did injury occur? **at his home**  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Sedalia, Mo.**  
 While at work? **no** (Specify type of place) (c) Means of injury **Fall**  
 23. Signature **R. J. Campbell** (M. D. or other) **M.D.**  
 Address **Sedalia, Mo.** Date signed **11-18-48**

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

13-2-48

JUL 22 1954

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.....

*Richard D. Conn*

Registered Apprentice No. *261*

working under my personal supervision.

Signed

*Maude Ewing*

Licensed Embalmer No.

*3877*

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.