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BUREAU OF THE CENSUS
FILED DEC 2 1941

Registration District No. 605

Primary Registration District No. 4569

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Commerce
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid
(c) City or town Parma
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Born here 0 years.

3. (a) PRINT FULL NAME Sarah Jane Fettinger

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

6. (b) Name of husband or wife John Fettinger 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased. Feb 9 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months 9 Days 4
If less than one day hr. min.

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

10. Usual occupation Widow

11. Industry or business _____

12. Name John Rickett

13. Birthplace Ind
(City, town, or county) (State or foreign country)

14. Maiden name June (unknown)

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

16. (a) Informant Mrs. Addie Whittington

(b) Address Dudley, Mo

17. (a) Burial (b) - Date thereof 11-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dudley Cem.

18. (a) Signature of funeral director Edward Russell

(b) Address Piggly Wiggly

19. (a) 11-13-41 (b) Ed W. Russell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
year 1941 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov. 12
1941, to Nov. 13, 1941;
that I last saw her alive on Nov. 12, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonic Fever

Due to Old age + cold

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 588

Of autopsy _____

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

(a) 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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Ed W. Russell (M. D. or other) U

Address Parma Date signed 11/13/41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 1241-1595

Date Filed 12/1/41

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.....

Licensed Embalmer No.

P. O. Address.....

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.