

Registration District No. 462716

Primary Registration District No. 4283415

Registrar's No. 78 46

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon, Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

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

In this community 45 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence

(c) City or town Mt Vernon Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah E. Tettenhorst

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9  
year 1942 hour 2:45 minute P M.

21. I hereby certify that I attended the deceased from MAY 16, 1940  
1942 to JULY 9 1942

that I last saw her alive on JULY 2 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

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

7. Birth date of deceased Oct 9 1859  
(Month) (Day) (Year)

Immediate cause of death Sarcom of leg Duration 2 years

8. AGE: Years 82 Months 9 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to 55e

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

10. Usual occupation Housewife

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: P.A. Holmes M.D. PHYSICIAN

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER { 12. Name Henry Frederking

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

14. Maiden name unknown

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

16. (a) Informant Wallie Tettenhorst

(b) Address Mt Vernon, Mo

17. (a) Burial (b) Date thereof July 12 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 9 0 0 F

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? \_\_\_\_\_

18. (a) Signature of funeral director H. D. Fossett

(b) Address Mt Vernon, Mo

19. (a) 7/13/42 (b) audy Crawford  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature P.A. Holmes (M. D. or other) \_\_\_\_\_

Address Mt Vernon Date signed 7-11-42

RECEIVED

District Health Officer No. 6,

District File Number 842-1242

Date Filed AUG 13 1942

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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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon

**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.**