

FILED JAN -6 1943 17

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 266

26
5
4

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. No. 15th Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mortell Sorensen

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1942 hour 9 minute 45 M. P

21. I hereby certify that I attended the deceased from Nov 26 1942 to Nov 30 1942 and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased: March (Month) 18 (Day) 1890 (Year)

Immediate cause of death: Pneumonia Hypostatic

Due to: Cellulitis of Sevier Cholelithiasis & cholecystitis

Other conditions: aspects chronic

Major findings: Cholelithiasis cholecystitis chronic aspects chronic

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 62 Months 7 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name Thomas Pool

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

14. Maiden name Josephine

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

16. (a) Informant Mrs. Signa Willet

(b) Address 409 Andy - Cincinnati, Ohio

17. (a) Burial (b) Date thereof 12-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair Mo.

18. (a) Signature of funeral director James Durin

(b) Address 700 Jefferson

19. (a) 12-6-42 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

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 J. E. Bruce (M. D. or other) M.D.

Address Jefferson City Date signed 12/5/42

Bruce

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.....
L. Anderson

Licensed Embalmer No. *3641*

P. O. Address.....
Jeno.

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.