

FILED JAN 19 1943 318

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town _____
(c) Name of hospital or institution: BARNES HOSPITAL
(d) Length of stay: In hospital or institution One Month
In this community St Louis

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Jackson
(c) City or town Murphyshoro
(d) Street No. R. R. 3
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME LORA JENNINGS

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 10
year 1943 hour 4 minute 10 p.m.

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W. Jennings 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased 4 21 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 18, 1942 to January 10, 1943; that I last saw him alive on January 10, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 8 Days 19 If less than one day _____ hr. _____ min.

Immediate cause of death Fracture of ileum 3 weeks
Due to Wound infection 6 weeks
Due to Cancer of rectum Out from

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

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) None

11. Industry or business _____
12. Name John Eaton
13. Birthplace Willianson City
14. Maiden name O BORN
15. Birthplace Tenn.

Major findings: Cancer of rectum
Of operations _____
Of autopsy Same

16. (a) Informant Velma Kimmel
(b) Address 510 Walton

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

17. (a) Removal (b) Date thereof 1/11/43
(c) Place: burial or cremation Murphyshoro Ill.

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

18. (a) Signature of funeral director Asberit H Hoppe Inc
(b) Address 4700 Washington Ave
19. (a) Jan 11 1943 (b) J. P. Muech
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
Signature Gordon F. Mural P
Address BARNES HOSPITAL Date signed _____

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

MOTHER FATHER

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.....

G. W. Wilkinson

Licensed Embalmer No. 3575

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.