

FILED MAR 8 1943
57

Registration District No. _____

Primary Registration District No. **9009**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **Jackson mo**
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution:
Nellis Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **3 months** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bollinger?**
(c) City or town **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-JANE-PROPST**

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

4. Sex **F** 1 5. Color or race **W**
6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife **Joseph M. Propst** 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased **April 11 1861**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 10 10 hr. min.

9. Birthplace **Bollinger** **MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **Wm C. Moore**
13. Birthplace **unknown** **MO**
(City, town, or county) (State or foreign country)
14. Maiden name **Isabelle Clingensmith**
15. Birthplace **Bollinger** **MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **S. C. Propst**
(b) Address **Jackson mo**
17. (a) **Rural** (b) Date thereof **2 24 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Trinity Cem.**

18. (a) Signature of funeral director **Wilson Stalls, Seabough**
(b) Address **Jackson mo**
19. (a) **2/23/43** (b) **J. H. Kestner**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **22**
year **1943** hour **12 noon** minute _____ M.

21. I hereby certify that I attended the deceased from **Nov**
19 ~~43~~ to **Feb** 19 ~~43~~;
that I last saw h. **er** alive on **Feb 20** 19 ~~43~~
and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis**
Due to _____
Due to _____

Other conditions **Thyroidosis**
(Include pregnancy within 3 months of death) **3 yrs**

Major findings:
Of operations _____
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 **T. E. Ruff** (M. D. or other) **MO**
Address **Jackson** Date signed **2-22-43**

Duration **3 yrs**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1116

RECEIVED

District Health Officer No. 4
District File Number 343-1812
Date Filed 3-5-43

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 Glenn Wilson
Licensed Embalmer No. 2828
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.