

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. _____

85.

PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Southeast Mo. Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 hours
 (Specify whether years, months or days) 1 week

3. (a) PRINT FULL NAME Mary Catherine Lenson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Marion H. Lenson 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 19, 1875
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>66</u> | <u>3</u> | <u>23</u> | hr. min |

9. Birthplace Lawrence County Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Sullivan
 13. Birthplace Dent, Know 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Dent, Know
 15. Birthplace Dent, Know 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. Larrow

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 3-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McBain's Chapel Cem.

18. (a) Signature of funeral director J. H. P. Phipps

(b) Address Cape Girardeau, Mo.

19. (a) 3-18-43 (b) J. H. Phipps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Cape R. 7. D. H. 1
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
 year 1943 hour 10 minute 30 A.M.
 21. I hereby certify that I attended the deceased from Mar 2
 _____, 1943 to Mar 10, 1943
 that I last saw h. alive on Mar 10, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 12 hrs

Due to Hypertension 3 yrs

Due to _____

Other conditions Psychoneurosis 1 yr
(Include pregnancy within 6 months of death)

Major findings: Of operations 830
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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?

 (Specify type of place)
 (e) Means of injury _____

23. Signature J. E. Ruff (M. D. or other) M.D.
 Address Jacksn mo Date signed 3-15-43

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

MOTHER FATHER

16
1
4

1014

VED

District Health Officer No. 4

District File Number 443-2053

Date Filed 4-7-43

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 *Howard P. Leman*

Licensed Embalmer No. 4122

P. O. Address *Cape Girardeau, Mo*

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.