

FILED FEB 8 1944

State File No. _____

Registration District No. 31

Primary Registration District No. 5107

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Ionia
(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 years, months or days)
In this community 63 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Ionia
(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 Elender Lucinda Schnabel

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 Wid. 2
6. (b) Name of husband or wife Lewis John 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 17 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 7 19 _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name Jonathan Rodgers
13. Birthplace Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Eliz. Elender Davis
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. E. Marsh

(b) Address Ionia, Mo.

17. (a) Burial (b) Date thereof 1/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director Gillespie Funeral Home
Sedalia, Mo.
(b) Address _____

19. (a) 1-6-1944 (b) Pauline Harms
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6th
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 1-4-44 to 1-6-44
that I last saw her alive on 1-4-44
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial asthma Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 112
Of operations _____
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Pauline Harms (M. D. or other) MD
Address Coll. Camp Date signed 1-6-44

134-1

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

JAN 9 1947

RECEIVED

District Health Office

District File Number 1-44-74

Date Filed 2-7-44

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. E. Boulcher

Licensed Embalmer No. 3867

P. O. Address Sedalia

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.