

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

FILED FEB 8 1944
Registration District No. **323**

Primary Registration District No. **4474**

1. PLACE OF DEATH:

(a) County **Saline**

(b) City or town **Sweet Springs**
(If outside city or town limits, write "RURAL" and name of township):

(c) Name of hospital or institution **Rural Elmwood Township**
(If not in hospital or institution, write street number or location)

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

In this community **60 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**

(c) City or town **Sweet Springs**
(If outside city or town limits, write "RURAL")

(d) Street No. **Rural Raut 3**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **CRESCENTIA JOHN**

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **7**
year **1944** hour **11** minute **20AM**

21. I hereby certify that I attended the deceased from **Jan 7** 19**44** to **Jan 7** 19**44**

that I last saw **her** alive on **Jan 7** 19**44**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **John John**

6. (c) Age of husband or wife if alive **Dead** years _____

7. Birth date of deceased **September 10 1860**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Embolism**

Duration **Instant**

8. AGE: Years **83** Months **3** Days **28**
If less than one day **✓** hr. **✓** min.

Due to **Senility and**

Due to **Attend Hypotension**

9. Birthplace **Freeburg Illinois**
(City, town or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **House Wife**

Major findings: Of operations **none**

Of autopsy **none**

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

MOTHER FATHER

11. Industry or business **at Home**

12. Name **Philip Schifferdecker**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Amey Reich**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. F. John**

(b) Address **Sweet Springs, Turner**

17. (a) **Burial** (b) Date thereof **1-9-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sweet Springs, Mo**

18. (a) Signature of funeral director **Sweet Springs, Mo**

(b) Address **Sweet Springs, Mo**

19. (a) **Jan 8 44** (b) **Wm. A. ...**
(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) **no**

(b) Date of occurrence **none**

(c) Where did injury occur? **none**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
none
(Specify type of place)

While at work? **no** (e) Means of injury

23. Signature **Robert Kennedy** (M. D. or osteopath)
Address **Marshall, Mo** Date signed **1-7-44**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-4-44

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 me

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Jerse Hawley

Licensed Embalmer No. 2214

P. O. Address Sweet Springs Md

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.