

S. No. 2
M-5-42
v. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21251

FILED JUL 11 1944

Registration District No. 167

Primary Registration District No. 5609

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural, Rose Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #1, Holden, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether)
In this community 71 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1, Holden, Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME ELIZABETH JANE SORENCY

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife XXXX 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased October 26, 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 11 If less than one day
hr. min.

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

10. Usual occupation housekeeper

11. Industry or business at home

MOTHER FATHER { 12. Name John B. Sorency
13. Birthplace Pittsville, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Briggs
15. Birthplace Pittsville, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dave Sorency
(b) Address Route #1, Holden, Mo.

17. (a) burial (b) Date thereof May 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg, Missouri

18. (a) Signature of funeral director Canaday and Ropp
Holden, Missouri.
(b) Address

19. (a) 5-9-44 (b) Kathryn S. Canaday
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1944 hour 3 minute P M.

21. I hereby certify that I attended the deceased from April 11, 1944, to May 3, 1944
that I last saw her alive on May 3 and that death occurred on the date and hour stated above.

Immediate cause of death General military Tuberculosis Duration
Chronic Myocarditis

Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 22a
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?

(Specify type of place) While at work? (e) Means of injury
23. Signature James H. Holmberg M.D. or other
Address Holden, Mo. Date signed 7/9/44

1000 (Licensed Embalmer's Statement on Reverse Side)

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

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

M L Canaday

Licensed Embalmer No.

3454

P. O. Address

Halden N.H.

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.