

Registration District No. 170 Primary Registration District No. 5626 Registrar's No.

1. PLACE OF DEATH:

(a) County LACLEDE  
(b) City or town ELDREDGE TWP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ELDREDGE  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community ALWAYS years, months or days

3. (a) PRINT FULL NAME BATHENEY E. GENNING

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife JOHN GENNING 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased JAN 4 1861  
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace LACLEDE CO MO  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name FIELDON CLARK

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

14. Maiden name SARAH ANN MOORE

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

16. (a) Informant Albert Genning

(b) Address ELDREDGE MO

17. (a) BURIAL (b) Date thereof 9-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. ORB CEM

18. (a) Signature of funeral director PALMER S

(b) Address LEBANON MO

19. (a) Sept-26-44 (b) Grace Roper  
(Date received registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County LACLEDE 53  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL.")  
(d) Street No. ELDREDGE  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 5  
year 1944 hour 2 minute 1 M.

21. I hereby certify that I attended the deceased from June 5  
1944 to Sept 5 1944

that I last saw her alive on August 30 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Intermittent Nephritis - Chronic  
Duration 2 years

Due to \_\_\_\_\_

Due to 13/10

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy none made

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 D. G. Campbell  
Address St. Louis, Mo. Date signed 9/7/44

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

Received .....

Laclede County Health Unit

File No. 9-44-119 .....

Date Filed 10/11/44 .....

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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 .....

Not Embalmed ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed R. A. Bohner .....

Licensed Embalmer No. 1161 .....

P. O. Address St. Louis 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.