S. No. 2
M—5-43
r. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14, 1945

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12653

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Adair Rural (Bonnie twp)

(b) City or town Greencastle, Mo. R. No. 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. R. No. 1--Greencastle, 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirksville
(If outside city or town limits, write "RURAL")

(d) Street No. 116 E. McPherson
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sarah Jane Songer

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

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

7. Birth date of deceased Dec. (Month) 26 (Day) 1869 (Year)

8. AGE: Years 75 Months 4 Days 0 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name T. O. Wynn
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Rebecca Burke
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Ruth Dimmitt
(b) Address Greencastle, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation Baden Springs

18. (a) Signature of funeral director D E Riley
(b) Address Kirksville, Mo.

19. (a) May 3, 1945 (Date received local registrar) (b) Mrs. J. L. Wayner (Registrar's signature)

1047

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1945 hour 4:30 minute P: M.

21. I hereby certify that I attended the deceased from February 3, 1943, to March 14, 1945; that I last saw her alive on March 18, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis + cardiac asthma	2 yrs.
Due to	
Due to	
Other conditions: Colitis, renal stones. (Include pregnancy within 3 months of death)	10 yrs.

Major findings:
Of operations
Of autopsy

93

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 Howard E. Gross (M. D. or other) D.O.
Address Kirksville, Mo. Date signed 5-2-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-45-845
Date Filed MAY 10 1945

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 D E E Rilier

Licensed Embalmer No. 4181

P. O. Address Kirkville 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.