

FILED AUG 9 1945
Registration District No. 32

Primary Registration District No. 5112A

Registrar's No. 16

1. PLACE OF DEATH:
 (a) County Bollinger
 (b) City or town Rural - Scopus Twp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 67 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Pernecia Jane Bahnerd
 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 M /
 6. (b) Name of husband or wife H.J. Bahnerd 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased October 5 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 0 If less than one day hr. min.

9. Birthplace Lixville Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

11. Industry or business
 12. Name George Stabler
 13. Birthplace Bollinger Co Mo.
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Cheek
 15. Birthplace Bollinger Co Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant H.J. Bahnerd
 (b) Address Patton Mo.
 17. (a) Burial (b) Date thereof July 7, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Patton Mo.

18. (a) Signature of funeral director Wilson Stabler
 (b) Address Patton Mo.
 19. (a) July 6, 1945 (b) Mrs Geneva Graham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bollinger
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 3 miles east Patton Mo.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country:

MEDICAL CERTIFICATION
 23. DATE OF DEATH: Month July day 5th year 1945 hour 5 minute P M.
 24. I hereby certify that I attended the deceased from July 5th 1945 to July 5th 1945
 that I last saw her alive on July 5th 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular
 Due to
 Due to
 Other conditions (include pregnancy within 3 months of death) g 20

Major findings: Of operations
 Of autopsy

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 Edwin Curtis (M. D. or other)
 Address Sedgewickville Mo. Date signed 7/6/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1063

FILED
District Health Officer No. 4
District File Number 84-5-915
Date Filed 8-8-45

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 Glen Wilson
Licensed Embalmer No. 2828
P. O. Address Jackson 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.