

S. No. 2
M-2-43
7-5-17-39
I X35897

State File No. _____

FILED JAN 25 1946

Primary Registration District No. 3010

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether

In this community 7 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Stoddard¹⁰³

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

(d) Street No. Near Advance Mo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: SARAH ELIZABETH JENNING

3. (b) If veteran, name war none

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 18, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>10</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Daniel L. Jennings

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

14. Maiden name Waver Oaks

15. Birthplace Dallinger Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Belle Burks

(b) Address Advance, Missouri

17. (a) Burial (b) Date thereof Dec 24 1945
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Clay S. Moberg

(b) Address Advance, Missouri

19. (a) 1-23-1946 (b) C. C. Cummings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1945 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. R alive on 12/22, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to FR. R. Key

Due to _____

Other conditions Branch - Pneumonia
(Include pregnancy within 3 months of death) (hypostatic)

Major findings: Of operations _____

Of autopsy 1870 10

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) acc

(b) Date of occurrence 11/4/45

(c) Where did injury occur? Base 112 Vance
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Base 103

While at work? YCB (Specify type of place) (c) Means of injury fall

23. Signature At Smith (M. D. or other) MD
Address Cape Girardeau Date signed 1/22/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

100088

44

RECEIVED

District Health Officer No. 4
District File Number 146-1609
Date Filed 1-24-46

JAN 29 1946

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.....

Lloyd S. Morgan....., Registered Apprentice No.....
working under my personal supervision.

Signed Lloyd S. Morgan

Licensed Embalmer No. 3361

P. O. Address Advance, 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.