

FILED FEB 8 1946

STANDARD CERTIFICATE OF DEATH

State File No. 2874

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 4

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: Southeast Mo. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)
In this community 5 days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Ruth Ann Schlenker

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

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

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

7. Birth date of deceased December 30, 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 5 hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name John Schlenker
13. Birthplace DuQuion Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Ernest Hartle
15. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Schlenker

(b) Address Fornfelt, Missouri

17. (a) Burial (b) Date thereof 1905-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jonesboro, Illinois

18. (c) Signature of funeral director: L. L. Haman

(b) Address Cape Girardeau, Missouri

19. (a) 1-7-1946 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th
year 1946 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 6 1946 to Jan 4 1946
that I last saw her alive on 1/4 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage following premature delivery of fetus Sabar

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 159 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? _____ (c) Means of injury _____

23. Signature Chas. J. Herlihy (M. D. or other) _____
Address Cape Girardeau, Mo Date signed 1/5/46

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

6
8
4

44

OFFICER No. 4
File Number 246-1637
Date Filed 2-7-46

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.....

Lee Townes....., Registered Apprentice No. **376**
working under my personal supervision.

Signed *R. L. Garrison*.....

Licensed Embalmer No. **2863**.....

P. O. Address **Cape Girardeau, 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.