

No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4851
Registrar's No. 19

FILED MAR 13 1946
Registration District No. 52

Primary Registration District No. 3009

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU MO
(b) City or town JACKSON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 Mos. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County BOLLINGER
(c) City or town MARBLE HILL (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MINNIE BARBARA SARRIENER
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB. day 8th year 1946 hour 1:00 minute 45 A.M.
21. I hereby certify that I attended the deceased from May 1945, to Feb 8 1946
that I last saw her alive on Feb 7 1946; and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death
Intestinal obstruction Duration 2 week
Due to Carcinoma of bowel 8 mos
Due to Primary Carcinoma of Ovary 2 yrs
Other conditions (Include pregnancy within 3 months of death) _____

7. Birth date of deceased: MARCH (Month) 19 (Day) 1876 (Year)
8. AGE: Years 69 Months 10 Days 19 If less than one day _____ hr. _____ min.

PHYSICIAN
Major findings:
Of operations _____
Of autopsy 490
Underline the cause to which death should be charged statistically.

9. Birthplace PERRY Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation HWR
11. Industry or business _____
12. Name FRANK MEYER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER FATHER
16. (a) Informant C.F. SARRIENER
(b) Address MARBLE HILL, MO.
17. (a) BURIAL (b) Date thereof 2-10-46 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation HANN CHAPEL CEM. MARBLE HILL, MO.
18. (c) Signature of funeral director BAKER PONDRAH HOME
(b) Address LEWISVILLE MO.
19. (a) 2-18-46 (b) D. B. Schubert (Date received local registrar) (Registrar's signature)

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 T. E. Ruff (M. D. or other) MD
Address JACKSON MO Date signed 2-15-46

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

3873

Health Officer No. Y
District File Number 346-1865
Date Filed 3-11-46

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.