

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

FILED AUG 20 1946
Registration District No. 814

Primary Registration District No. 4459

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Orcutt
(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 _____ (Specify whether _____)

In this community 68 years
years, months or days

3. (a) PRINT FULL NAME Rena Kearney

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 W

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 28 1860
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Kendall Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John H. Young

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

14. Maiden name Eliza Evans

15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Chas. Haidler

(b) Address _____

17. (a) Burial (b) Date thereof May 7 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nelsapple

18. (a) Signature of funeral director Orcutt Funeral

(b) Address Orcutt home

19. (a) 5-6-46 (b) Ruth Seiders
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County St. Clair

(c) City or town Orcutt Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1946 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 2 1946 to May 5 1946
that I last saw her alive on May 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive pneumonias Duration 4 da.

Due to _____

Due to age and general frailty

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

Major findings: Of operations _____

Of autopsy 11

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Ruth Seiders (M. D. or other) _____

Address Orcutt Mo Date signed 5-6-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7

District File Number 7-46-832

Date Filed 8-15-46

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 F. B. Goodrich
R. S.

Licensed Embalmer No. 3038

P. O. Address Oricola, 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.