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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1488

Registration District No. 15 Primary Registration District No. 3028 Registrar's No. 21

1. PLACE OF DEATH:

(a) County: Jasper

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

(c) Name of hospital or institution: 911 Grant St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 15 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jasper 47

(c) City or town: Carthage 1
(If outside city or town limits, write "RURAL")

(d) Street No.: 911 Grant St. 3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Jennie REMSBURG

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Charles B. Remsburg

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: October (Month) 20 (Day) 1884 (Year)

8. AGE: Years 62 | Months 3 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace: Olathe, (City, town, or county) Kans. (State or foreign country) 1

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Linea Bancroft 1
13. Birthplace: Unknown (City, town, or county) Mass. (State or foreign country) 1

MOTHER
14. Maiden name: Sarah M. Kinsey 1
15. Birthplace: Unknown (City, town, or county) Mich. (State or foreign country) 1

16. (a) Informant: Mrs. Dave Williams
(b) Address: Route #1 Holts Summit, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1 (Month) 30 (Day) 47 (Year)
(c) Place: burial or cremation: Olathe, Kans.

18. (a) Signature of funeral director: Ed. C. Ulmer
(b) Address: Carthage, Mo.

19. (a) 1-29-47 (Date received local registrar) (b) L. B. Clark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29th. year 1947 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw her alive on January 29th 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion — Duration: 2½ hr

Due to:

Due to:

Other conditions: Epilepsy
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

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? (e) Means of injury: 0

23. Signature: M. Foster Whitten (M. D. or other) M. D.
Address: Carthage, Missouri Date signed: 1-29-47

(Licensed Embalmer's Statement on Reverse Side)

47-1-100

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 Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.