

Registration District No. 299

Primary Registration District No. 6028

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Rural, Lesterville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 miles west of Lesterville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary Marie Sencibaugh

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

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

7. Birth date of deceased. Nov. 1 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 3 17 hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business _____

MOTHER FATHER

12. Name Unknown 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant John Sencibaugh

(b) Address Lesterville Mo.

17. (a) burial (b) Date thereof 2-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lesterville Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address 977 White Ironton Missouri

19. (a) 012547 (b) E. M. Fitzpatrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds 90
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles west of Lesterville 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18
year 1947 hour 12 minute 10P.M.

21. I hereby certify that I attended the deceased from 2 1947 to 2/18/47 1947
that I last saw her alive on 2/18/47 1947
and that death occurred on the date and hour stated above.

Immediate cause of death acute indigestion Duration _____

Due to _____

Due to _____

Other conditions Spasmodic Bronchial (see) asthma
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 118

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? 0

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

23. Signature E. M. Fitzpatrick (M. D. or other) MD

Address Pexterville Mo Date signed 2/18/47

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

RECEIVED

District Health Officer No. 8,

District File Number 497179

Date Filed 4-4-47

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 Lucy White

Licensed Embalmer No. 3012

P. O. Address Imton, Va.

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.