

FILED DEC 6 1947

Registration District No. 278

Primary Registration District No. 3054

State File No. _____

Registrar's No. 118

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(c) Name of hospital or institution: Pike Co. Hospital
(d) Length of stay: In hospital or institution 1 Week
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town R. F. D. Louisiana
(d) Street No. Salt River Neighborhood
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME JULIA ANN JAENECKE

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 Widowed
6. (b) Name of husband or wife William Jaenecke 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased January 24 1892

8. AGE: Years 65 Months 9 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Pike County Missouri

10. Usual occupation Housewife

11. Industry or business Housekeeping *

12. Name Marion Williams
13. Birthplace Pike Co. Missouri
14. Maiden name Margaret Scroggins
15. Birthplace Pike Co Missouri

16. (a) Informant Mrs. Cecil Love
(b) Address R. F. D. Louisiana Mo.
17. (a) Burial (b) Date thereof 11/24/47
(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Garner & Sterne
(b) Address Louisiana Missouri
19. (a) 11/20/47 (b) Bernice Coelin

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November. 19, 1947
year _____ hour 7 minute 50 P.M

21. I hereby certify that I attended the deceased from Oct. 3, 1947 to Nov. 19, 1947
that I last saw her alive on Nov. 19, 1947, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Heart Disease ?
Acute Glomerular Nephritis 5 days
Chr. Cardiac Hypertrophy
Due to Chr. Passive Congestion of liver 1 mo
General Anasarca 1 wks
Other conditions Edema of lungs. 1 wks.

Major findings:
Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(c) Means of injury _____
23. Signature Robert L. Ludras (M. D. or other) M.D.
Address Louisiana, Mo. Date signed 11/20/47

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

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DEC 17 1947

RECEIVED
District Health Officer No.
District File Number 12-47-16
Date Filed DEC-5 1947

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.....

..... *Virginia M. Stone*, Registered Apprentice No. *491*
working under my personal supervision.

Signed..... *Harold T. Garner*,
Licensed Embalmer No. *3720*
P. O. Address *Lucasville, 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.