M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 18873

FILED JUN 23 1948

Registration District No. 2

Primary Registration District No. 5187

Registrar's No. 51

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Allenville Rural Hubble
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Allenville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 78 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau 16
(c) City or town Allenville 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Hubble Twp 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Sarah Ann Drennan
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 5
6. (b) Name of husband or wife John Drennan
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased September (Month) 24th (Day) 1869 (Year)

8. AGE: Years 78 | Months 6 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Hickory Ridge (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name John Noble 9
13. Birthplace Don't Know (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Eliza Jane Sneed
15. Birthplace (City, town, or county) Tennessee (State or foreign country) 1
16. (a) Informant Russell Drennan
(b) Address Cape Girardeau, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hitt Cemetery
18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri.
19. (a) 6-16-48 (Date received local registrar) (b) D. E. Sieber (Registrar's signature) 43

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1948 hour 2 minute 25 A. M.

21. I hereby certify that I attended the deceased from March 2 - 48, 1948 to June 9, 1948 that I last saw her alive on June 4, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis. Chronic arthritis (rheumatism)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 936

Duration: Several months

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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) 0
While at work? (e) Means of injury

23. Signature W. W. Davault (M. D. or other) MD
Address Allenville Mo. signed June 15 '48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 648-806
Date Filed 6-22-48

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 Howard A. Kaman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Missouri.

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.