

FILED SEP 9 1948

Registration District No. 279

Primary Registration District No. 5957

Registrar's No. 23

1. PLACE OF DEATH:

- (a) County Pike
 (b) City or town Coalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution
- Private Home
-
- (Specify whether

In this community Coalia, Mo.
years, months or days3. (a) PRINT FULL NAME Sarah Irving Jensen

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F / 5. Color or race White 6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife H.C. Jensen 6. (c) Age of husband or wife if alive..... years7. Birth date of deceased March 27 1869
(Month) (Day) (Year)8. AGE: Years 79 Months 50 Days 2
If less than one day hr. min.9. Birthplace Scotland
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name James Reid13. Birthplace Scotland
(City, town, or county) (State or foreign country)14. Maiden name Ann Sangster15. Birthplace Scotland
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Ellen Welch(b) Address 4627 Pope St., St. Louis17. (a) Burial (b) Date thereof Aug. 30 48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Eolia Cemetery18. (a) Signature of funeral director H.E. Goeck(b) Address Coalia, Mo.19. (a) Aug 30-1948 H.E. Goeck, Deputy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Lincoln
 (c) City or town Froy, Mo. 59
 (If outside city or town limits, write "RURAL")

(d) Street No. 20
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
year 48 hour 8 minute PM21. I hereby certify that I attended the deceased from Aug 17
1948 to 8-29 1948that I last saw her alive on Aug. 27 1948
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Apoplexy. Duration 10 daysDue to Arteriosclerosis.

Due to.....

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations (S)

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?

While at work?..... (Specify type of place)
(e) Means of injury.....23. Signature H.E. Goeck (Type or other)Address Froy, Mo. Aug 30/48

RECEIVED

District Health Officer No.

District File Number 9.48.1

Date Filed SEP 7 - 1948

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 Roman E. Gooch

Licensed Embalmer No. 2342

P. O. Address Eolia 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.