

**1. PLACE OF DEATH:**

(a) County Adair  
 (b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Stickler Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 47 days  
(Specify whether  
 In this community         
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Schuyler  
 (c) City or town Lancaster  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Rural  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.?        years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 7  
 year 48 hour 11:00 minute        M.  
 21. I hereby certify that I attended the deceased from Aug 30  
19 48 to Oct 7 48 1948  
 that I last saw her alive on Oct 7 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Paralysis agitans &  
muscular contractions  
Dysfunction of heart  
 Duration 9 yrs  
 Due to       

Other conditions         
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations         
 Of autopsy         
 PHYSICIAN         
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Jenettie Morehead  
 3. (b) If veteran, name war XXX  
 3. (c) Social Security No. XXX

4. Sex F / 5. Color or race W  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife         
 6. (c) Age of husband or wife if alive        years  
 7. Birth date of deceased Feb 14 1871  
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 23  
If less than one day hr. min.

9. Birthplace Schuyler Co., Mo  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

11. Industry or business         
 12. Name Charles Brooks  
 13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sarah H. Moore  
(City, town, or county) (State or foreign country)  
 15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ray Starrett  
 (b) Address Lancaster, Missouri.

17. (a) Burial (b) Date thereof Oct 10, 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lancaster, Mo.

18. (a) Signature of funeral director Lucretia R. Head  
 (b) Address Lancaster, Mo.

19. (a) Oct 9 - 48 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

W. J. & A. O. N.

RECEIVED  
District Health Officer No. M  
District File No. 10-48-176  
Date Filed OCT 11 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 Everett P. Head

Licensed Embalmer No. 4038

P. O. Address. Lancaster, 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, above space should be left blank.**