

Primary Registration District No. 4042

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

1. PLACE OF DEATH:

(a) County Bollinger
 (b) City or town Rutesville
(If outside city or town limits, write "RURAL" and name of township)
Rutesville - Mouser Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 months
(Specify whether years, months or days)
 In this community 3 months

3. (a) PRINT FULL NAME Jennie Pauline Foxwell
 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 Single
 6. (b) Name of husband or wife ✓
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 19, 1882
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 14
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Music Teacher

11. Industry or business ✓

12. Name Theodore Fisher

13. Birthplace Moselle Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Sue William

15. Birthplace St Louis County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Charles C. Wayman

(b) Address Fredricksstown, Mo.

17. (a) Burial (b) Date thereof 11 6 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tabella Ginter & Sons

18. (a) Signature of funeral director Coy Shethley

(b) Address Rutesville, Mo.

19. (a) 11-4-1948 (b) Nellie Van Emberg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
 (c) City or town Fredricksstown
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3rd
 year 1948 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
 that I last saw h. ex alive on 11/2/48
 and that death occurred on the date and hour stated above.

Immediate cause of death Cadheric Decompensation
 Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 9-5
 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 John J. Myers (M. D. or other) 200

Address Rutesville, Mo. Date signed _____

RECEIVED

With Officer No. 4

NUMBER 1148-139

11-9-48

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 L. Mann

Licensed Embalmer No. 4123

P. O. Address Cape Girardeau, 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.