48-85037

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1949

Registration District No. 324

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3072

State File No. 42859

Registrar's No. 258

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fitzgibbon Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 1/2 hrs. (Specify whether
In this community 1 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette

(c) City or town Concordia
(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

3. (a) PRINT FULL NAME Jenean Deatherage

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 10

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 21 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day 11 hr. 45 min.

9. Birthplace Marshall (City, town, or county) Missouri (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Cecil Thomas Deatherage
13. Birthplace Lacygne (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Ruby Jean Butler
15. Birthplace Salem (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Cecil Deatherage

(b) Address Concordia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-1948 (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville Mo

18. (a) Signature of funeral director W. A. Lader

(b) Address Higginsville Mo

19. (a) Dec 22 1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec day 22nd year 1948 hour 3:45 minute A M.

21. I hereby certify that I attended the deceased from Dec 21st, 1948, to Dec 22, 1948, that I last saw her alive on Dec 21, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity	
Due to	
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.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H S Brady (M. D. or other) M D

Address Concordia, Mo Date signed 12/22/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-5-49

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 W. H. Zader

Licensed Embalmer No. 4269

P. O. Address Higginsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.