

FILED OCT 8 1949 STANDARD CERTIFICATE OF DEATH

State File No. 29554

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 328

1. PLACE OF DEATH a. COUNTY <i>Jefferson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <i>Illinois</i> b. COUNTY? <i>981</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Jefferson</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Jonesboro</i>	
c. LENGTH OF STAY (In this place) <i>13 days</i>		d. STREET ADDRESS (If rural, give location) <i>2</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Northwest Mo. Hosp</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Ada</i>	b. (Middle) <i>Trowbridge</i>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>Oct. 25-1949</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct 28-1880</i>	9. AGE (In years) (Last birthday) <i>68</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Blueford, Ill</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Genemiah Bennett</i>	13b. MOTHER'S MAIDEN NAME <i>Eizabeth Lanham</i>	14. NAME OF HUSBAND OR WIFE <i>John Trowbridge</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Helen L. Beggs</i>	ADDRESS <i>South Gate Calif</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Cervix</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Pos. 2 yrs.</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>None</i>		
	DUE TO (c) <i>Myocarditis, inanition</i>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-13*, 1949, to *9-25*, 1949, that I last saw the deceased alive on *9-29*, 1949, and that death occurred at *1:45 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Paul B. Nusbaum U.M.W.</i>	23b. ADDRESS <i>709 Broadway, Christiana, Ill</i>	23c. DATE SIGNED <i>9-26-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept 27-1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Jonesboro</i>	24d. LOCATION (City, town, or county) (State) <i>Jonesboro, Ill</i>
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DATE REC'D BY LOCAL REG. <i>9-27-1949</i>	REGISTRAR'S SIGNATURE <i>C. C. Summers</i>	44	25. FUNERAL DIRECTOR'S SIGNATURE <i>Norris</i>	ADDRESS <i>Jonesboro, Ill</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-3-49

District Health Officer No. 4

District File Number 1049-1

Date Filed

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

*Cecil Norris*

Student Embalmer No.

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Cecil Norris*

Licensed Embalmer No. 4900

P. O. Address *Genevieve St*

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

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