

Registration District No. 130

Primary Registration District No. 51249

1. PLACE OF DEATH: Miss. - Hannibal, Mo.

(a) County Cape

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape

(c) City or town R. #1 Gordonville
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Rosena Sophia Sprenger

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 Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct. 13 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 8- Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Joe Schoenebeck

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

14. Maiden name Dorothy Schreer

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mattie Mabry

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 7-7-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Missouri

19. (a) July 6 40 Mrs. M. Sticker
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1940 hour 3 minute _____ A.M.

21. I hereby certify that I attended the deceased from Sept 1 1938 to July 6 1940, 19 _____ that I last saw him alive on June 20 1940, 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis 1938

Due to _____

Due to _____

Other conditions Blood pressure
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
Of operations 93C

Of autopsy _____

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? nowhere
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Wm. Dorell (M. D. or other) _____
Address Gordonville Mo Date signed 7/6/40

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

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.....

L. J. Haman
Licensed Embalmer No. 2869

P. O. Address Cape Girardeau

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.