

FILED MAR 14 1941

Registration District No. 125

Primary Registration District No. 3009

State File No. _____

Registrar's No. 67

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution St. Francis Hospital (D)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME IOLA SENCIBOY

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

7. Birth date of deceased Febr 4 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 5 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Oran R.F.D. (Deer) MO.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Geo Senciboy
13. Birthplace Deer County MO.
(City, town, or county) (State or foreign country)
14. Maiden name Zelma Atherton
15. Birthplace Deer County MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Geo Senciboy
(b) Address Oran R.F.D. Mo.

17. (a) Final Febr 10/41 (b) Date thereof 2-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oran MO.

18. (a) Signature of funeral director P. J. Haussner 100
(b) Address Oran MO.

19. (a) 2-11-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Deer 100
(c) City or town Oran R.F.D. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life! years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr day 9th
year 1941 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from 2/4, 1941, to 2/9, 1941;
that I last saw her alive on 2/9, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Removal

Due to _____
Due to 5/1

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? _____

121 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Ed Smith (M. D. or other) _____
Address Cape Girardeau Date signed 2/11/41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.