

Registration District No. 861

Primary Registration District No. 8172

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Rural Bridgport Twp Mo.
(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

8. (a) PRINT FULL NAME Sarah Emma Cregar

8. (b) If veteran, name war _____ 8. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (e) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Aug 24 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel H. Henspinger, 5

13. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

14. Maiden name Annie Switteman, 5

15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Dolph Cregar
(b) Address Jonesburg, Mo.

17. (a) Burial (b) Date thereof Mar 4 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jonesburg Mo.

18. (a) Signature of funeral director Earl A. Harding
(b) Address Jonesburg Mo.

19. (a) March 5, 1941 (b) A. W. Chealing
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Warren ¹⁰⁹

(c) City or town Rural (If outside city or town limits, write "RURAL.") ⁰³

(d) Street No. 3 miles South of Jonesburg (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1941 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from Feb 28
_____, 1941, to March 2, 1941;
that I last saw her alive on March 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis ²⁻²⁸⁻⁴¹

Due to Arteriosclerotic nephritis Chronic [?]

Due to Hypertension [?]

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? _____

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

23. Signature James O. Nelson (M. D. or other) ¹
Address Miss Florence Mo. Date signed 3/3/41

Duration

2-28-41

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.....

Carl A Harding....., Registered Apprentice No.....
working under my personal supervision.

Signed Carl A Harding

Licensed Embalmer No. 4115

P. O. Address Jonesburg, 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, above space should be left blank.