

No. 2
4-13-40
5-17-39
I X23159

FILED AUG 14 1941
Registration District No. 408

Primary Registration District No. 302A

Registrar's No. 105

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3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

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

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

(d) Length of stay: In hospital or institution None (Specify whether)

In this community 10 Years
(Month) (Day) (Year)

3. (a) PRINT FULL NAME Emma Jane Page

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Scotta

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

7. Birth date of deceased April 3 1851
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>90</u>	<u>3</u>	<u>11</u>	<u>hr. min.</u>

9. Birthplace Scales Mound Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

MOTHER FATHER {

12. Name James Denney

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

14. Maiden name Eliza Sackett

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

16. (a) Informant Mrs Dan Hooker

(b) Address Carthage Mo.

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

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Mo.

19. (a) July 17, 1941 (b) E. J. M. Inters. A.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage
(If outside city or town limits, write "RURAL")

(d) Street No. 602 Lincoln
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1941 hour 11:45pm minute M.

21. I hereby certify that I attended the deceased from July 5, 1941, to July 14, 1941; that I last saw her alive on July 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Senility

Due to 93d

Other conditions none
(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 George H. Wood (M. D. number) 10

Address Carthage Mo Date signed 7/17/41

049
3
0

Duration 5940

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

41-8-710

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..... *Fernando Retneel*

Licensed Embalmer No. *391*

P. O. Address. *Barbours*

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.