S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30901

FILED OCT 9 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8133

10-1-48

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

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARY'S INFIRMARY (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 DAYS (Specify whether
In this community 14 DAYS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MICHIGAN (b) County WASHTENAW 999
(c) City or town YPSILANTI 20 (If outside city or town limits, write "RURAL")
(d) Street No. 608 Jefferson 2 (If rural, give location)
N.R.
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH CHANNELS
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex Female 3
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced WIDOWED 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL (Month) 10 (Day) 1892 (Year)

8. AGE: Years 56 Months 5 Days 5 If less than one day hr. min.

9. Birthplace MOUNT PLEASANT (City, town, or county) TENN. 1 (State or foreign country)
10. Usual occupation HOUSEWORK
11. Industry or business AT HOME
FATHER
12. Name EUGENE JENNINGS
13. Birthplace MOUNT PLEASANT (City, town, or county) TENN. 1 (State or foreign country)
MOTHER
14. Maiden name ANNIE ORR.
15. Birthplace MOUNT PLEASANT (City, town, or county) TENN. 1 (State or foreign country)
16. (a) Informant Bertha Jones
(b) Address 4907 FOUNTAIN
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof SEPT 17, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation YPSILANTI, MICHIGAN
18. (a) Signature of funeral director J. L. Marshall
(b) Address 2205 MO., EAST ST. LOUIS, ILL.
19. (a) SEP 17 1948 (Date received local registrar) (b) J. F. Brenneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 15 year 1948 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Sept. 8, 1948, to Sept. 15, 1948; that I last saw her alive on Sept 14, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 10 days
Hypertensive Cardio-Renal Disease — Unknown
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature N. E. Smith (M. D. or other)
Address 11 N. Jefferson Date signed 9-15-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 me

..... Registered Apprentice No.....,

working under my personal supervision.

Signed Thomas Marshall Dabney

Licensed Embalmer No. 4479

P. O. Address St. Louis, 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, fact should be so stated above.