

FILED JAN 26 1949

STANDARD CERTIFICATE OF DEATH

State File No. 12544

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5388 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>La Russell</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Sarcove Jasper</u>	
c. LENGTH OF STAY (In this place) <u>8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>La Russell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jennie Weislogel</u>			

3. NAME OF DECEASED (Type or Print) <u>Jennie M. Weislogel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 30-48</u>	
a. (First)		b. (Middle)	
c. (Last)			
5. SEX <u>F</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 10-1879</u>
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 6 HRS: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	
11. BIRTHPLACE (State or foreign country) <u>Scandia, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>✓</u>	

13a. FATHER'S NAME <u>Fred Landreth</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lywhart</u>		14. NAME OF HUSBAND OR WIFE <u>John Weislogel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Weislogel</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 da</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile dementia!</u>		<u>8 mo.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from Aug 30, 1942, to Dec 30, 1948, that I last saw the deceased alive on Dec 30, 1948, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.E. Keelbane M.D.</u>		23b. ADDRESS <u>Sarcove Mo</u>		23c. DATE SIGNED <u>1/4/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sarcove Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Sarcove Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 18, 1949</u>		REGISTRAR'S SIGNATURE <u>L. B. Clinton</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Jackson & Sons, Sarcove Mo</u>		ADDRESS _____	
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By J. J. Ferguson Embalmer of State (on Reverse Side)

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

49-1-55

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Wm K. Jackson

Licensed Embalmer No.

3954

P. O. Address

Sarcastic St

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.