

FILED JAN 13 1944

Registration District No. 200

Primary Registration District No. 3044

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

1. PLACE OF DEATH:

(a) County Macon  
(b) City or town Macon  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days  
In this community two years  
years, months or days

3. (a) PRINT FULL NAME Emma Fennell

3. (b) If veteran, name war  3. (c) Social Security No.

4. Sex Female 5. Color or race w 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife  6. (c) Age of husband or wife if alive 1868 years

7. Birth date of deceased April 6th (Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired House wife

11. Industry or business  
MOTHER FATHER { 12. Name John Mc Donald  
13. Birthplace Ireland (City, town, or county) (State or foreign country)  
14. Maiden name Anna Brooks  
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mr Jack Bishop

(b) Address Macon, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-43 (Month) (Day) (Year)

(c) Place: burial or cremation Elmo Cuy. Scott Co.

18. (a) Signature of funeral director Stephen Gooding Mo

(b) Address Macon, Mo  
19. (a) 12/30/43 (Date received local registrar) (b) J. B. Dunkley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape 16  
(c) City or town Cape Girardeau 1  
(If outside city or town limits, write "RURAL") 7

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

(e) Citizen of foreign country?  (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16  
year 1943 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from Nov 18 1943  
1943 to 12-16 1943  
that I last saw h. er alive on 12-15 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular renal disease - or more  
Duration 6 mos

Due to . . . . .  
Due to . . . . .

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13/a  
Of autopsy . . . . .

PHYSICIAN

Underline the cause to 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?

While at work? MPH (Specify type of place) (e) Means of injury 0

23. Signature W. J. Conway (M. D. or other)  
Address Macon Mo Date signed 12-16-43

RECEIVED

District Health Officer No. 10

District File Number 1-44-173

Date Filed JAN 12 1944

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

*C. L. Stephens*

Licensed Embalmer No. 3057

P. O. Address Macon, 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.