

FILED DEC 31 1948

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 290

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. 221A E. High St.
(If rural, give location)

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

3. (a) PRINTED FULL NAME Effie Dale Hood Disinger

3. (b) If veteran, name war _____

3. (c) Social Security 490-09-4032

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26
year 1946 hour 6 minute 15 P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased November 4, 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-26-46
12-26 1946 to 12-26 1946

that I last saw her alive on 12-26-46 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>1</u>	<u>22</u>	hr. _____ min. <u>0</u>

Immediate cause of death Phenical burn of esophagus & stomach Duration _____

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

Due to Swallowing Phenol on one of its derivatives

Due to _____

10. Usual occupation Housewife

11. Industry or business _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 103B

12. Name Rev. R. L. Hood

13. Birthplace California, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Cramer

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Of autopsy Phenol in stomach

16. (a) Informant Seymour Disinger

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 12/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 12-26-46

(c) Where did injury occur? Jefferson City, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

(e) Place: burial or cremation Brush Creek Cemetery

18. (a) Signature of funeral director W. B. Bruecher

(b) Address Jefferson City, Mo.

19. (a) 12-27-46 (b) A. P. Harris
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____

While at work? _____ (e) Means of injury Phenol

23. Signature J. T. Leslie Coroner (M. D. or other) _____

Address Jefferson City, Mo. Date signed 12-27-46

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

38816

5-7

68

~~Date Filed 12-30-46~~

~~District File Number~~

District Health Officer No. 9,

RECORDED

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 Victor Buesch

Licensed Embalmer No. 3701

P. O. Address. Jefferson City, 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.