FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6175

Do not use this space.

1. PLACE OF DEATH
(a) County CAPE GIRARDEAU — Registration District No. 125
(b) Township — Primary Registration District No. 3009 — Registered No. 75
(c) City CAPE GIRARDEAU — (d) Street No. St Francis Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 240 MARY ANN BECHEL
(a) Residence, No. Chaffee Mo St. (Usual place of abode, if no street address, write county or city) — Chaffee Mo (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: JOSEPH BECHEL
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): APRIL 19 1852
7. AGE: YEARS 87 — MONTHS 10 — DAYS 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jonesboro Ark.

FATHER
13. NAME: Perry Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Mrs John Martin Chaffee Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Oran Mo DATE 2-26 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Bisplinghoff & Hubbard Chaffee Mo
20. FILED 2-24 1940 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-24 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb-22, 1940 to Feb-24, 1940
I last saw her alive on Feb 23, 1940 Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

Fracture of rt femur.

Date of onset

Other contributory causes of importance: Pulmonary edema

Name of operation: None — Date of: —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — Date of injury 2/22 1940
Where did injury occur? Chaffee Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Injury occurred in home
Manner of injury: Slipped & fell
Nature of injury: Fracture of rt hip

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. Washlent, M. D.
(Address) Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X14028

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, W. H Eates, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed W. H Eates

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau, 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, above space should be left blank.