

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.

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

42060
Do not use this space.

1. PLACE OF DEATH
 (a) County Cape Girardeau Registration District No. 124
 (b) Township Primary Registration District No. 3009 Registered No. 430
 (c) City (d) Street No. South Gas No. High 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME IDA HELEN CARR
 (a) Residence, No. 324 N. BIVP St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George J.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 0 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker
 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) Hardin County Tenn.

FATHER 13. NAME J. J. Casley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ?

MOTHER 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) M. E. J. Carr Cape Girardeau, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 12-25-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Printed Howell Cape Girardeau, Mo

20. FILED 12-27-40 John Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1940 to Dec 22 1940
 I last saw her alive on Dec 22 1940. Death is said to have occurred on the date stated above, at 1:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Date of onset 12/17/40
Cor Myocarditis
 Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

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

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.