

**MAR 14 1941**  
Registration District No. 125

Primary Registration District No. 3009

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

1. PLACE OF DEATH:  
(a) County Loafe Girardeau  
(b) City or town Loafe Girardeau  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Loafe Girardeau  
(c) City or town Loafe Girardeau  
(If outside city or town limits, write "RURAL")  
(d) Street No. 233 No Middle St  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Lillie Graves Walther  
3. (b) If veteran, name war ✓ 3. (c) Social Security No. \_\_\_\_\_

- MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 18  
year 1941 hour 12 minute 10 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 Aug 6 1873  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 5  
\_\_\_\_\_, 1941, to Feb 18, 1941;  
that I last saw her alive on Feb 13, 1941;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>4</u>	<u>12</u>	hr. min.

Immediate cause of death Coronary Thrombosis  
Duration 1-yr

9. Birthplace Egypt Mills Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name William Graves  
13. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Ediza Himmman  
15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Louis Fornkahl  
(b) Address Loafe Girardeau Mo  
17. (a) Burial (b) Date thereof Feb. 20-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Loremus Cem  
18. (a) Signature of funeral director Walther Und Leo  
(b) Address Loafe Girardeau Mo  
19. (a) 2-15-41 (b) J.M. Thompson  
(Date received local registrar) (Registrar's signature)

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? 1  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature John W. Berry (M. D. or other) 0  
Address Loafe Girardeau Date signed 2-18-41

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**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, fact should be so stated above.**