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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24717

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 252

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: 411 North First St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 35 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau

(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL") 016

(d) Street No. 411 North First St (If rural, give location) 1 4

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Maggie B. Finch

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

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 Dec (Month) 2 (Day) 1875 (Year)

8. AGE: Years 65 Months 7 Days 4 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Golleker
13. Birthplace Cape Girardeau Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Nettie Poe
15. Birthplace Cape Girardeau Mo (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. H. O. Brooks

(b) Address Cape Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 8 (Day) 1941 (Year)

(c) Place: burial or cremation Hobbs Chapel

18. (a) Signature of funeral director Walthers Und. Co

(b) Address Cape Girardeau Mo

19. (a) 7-7-41 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 6 day July year 1941 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Jan 1 July 6, 1941, to ....., 19....; that I last saw her alive on July 6, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to H.B. 83 W

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. W. Berry (M. D. or [illegible]) D

Address Cape Girardeau Mo Date signed 7-7-41

(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 J. H. Rister

Licensed Embalmer No. 3980

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.