

Registration District No. **125**

Primary Registration District No. **3009**

Registrar's No. **33**

1. PLACE OF DEATH:
 (a) County **Cape**
 (b) City or town **Cape Girardeau Missouri**
 (c) Name of hospital or institution: **S. Francis Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 mo. 15 days**
 In this community **2 1/2 mos.**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Scott**
 (c) City or town **Chaffee Missouri R.F.D. #2**
 (d) Street No. **R. F. D. #2**
 (e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME **Delezene May Totty**

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **July 10 1941**
 (Month) (Day) (Year)

8. AGE: Years _____ Months **2** Days **17** If less than one day _____ hr. _____ min.

9. Birthplace **Chaffee Mo. R. F. D. #2**
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 { 12. Name **Edward Totty**
 { 13. Birthplace **Rockview Missouri**
 { 14. Maiden name **Ruby Moore**
 { 15. Birthplace **Granite City Illinois**

16. (a) Informant's own signature **Edward Totty**
 (b) Address **Rockview Missouri**

17. (a) **Burial** (b) Date thereof **9-28-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Union Park Cem. Chaffee Mo.**

18. (a) Signature of funeral director **[Signature]**
 (b) Address **242 Yoakum Chaffee Missouri**

19. (a) **10-1-41** (b) **F. W. Phelps**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **27**
 year **41** hour **2:35** minute **P. M.**

21. I hereby certify that I attended the deceased from **8/7**, 19**41** to **9/27**, 19**41**, that I last saw her alive on **9/27**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death
Enteric Colitis - Secondary leukemia

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death)
119a

Major findings: Of operations _____
 Of autopsy _____

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 **6**

23. Signature **Chas. J. Phelps** (M. D. or other) _____
 Address **Cape Girardeau, Mo.** Date signed **9/30/41**

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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.

DEC 1 10 1941

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.