S. No. 2
I—1-4-41
. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32020

Registration District No. 547 Primary Registration District No. 3029 Registrar's No. 257

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

64
3
4

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: St. Elizabeth Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 064

(c) City or town Hannibal 3 4
(If outside city or town limits, write "RURAL")

(d) Street No. 527 A. Olive
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Thelma E. Cash

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 Married

6. (b) Name of husband or wife James A. Cash

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased May 27, 1908 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
33	3	19	..... hr. ..... min.

9. Birthplace Hannibal Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XX

FATHER
12. Name Fred Quiate
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Edna Houseman
15. Birthplace Hannibal Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant James Cash

(b) Address 527 A Olive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/41 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 9-19-41 (Date received local registrar) (b) M. Fuhrer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16 year 1941 hour 9 minute 55 P. M.

21. I hereby certify that I attended the deceased from Aug 13-41 ..... 19..., to Sept 16 1941 that I last saw her alive on Sept 16 1941 and that death occurred on the date and hour stated above.

Immediate cause of death General abdominal Cancer

Due to Cancer of Ovary

Due to .....

Other conditions (Include pregnancy within 3 months of death) NO

Duration

Major findings: Of operations Ovary & Ovarian lg - metastasis - metastasis everywhere

Of autopsy .....

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 H H Laugesa (M. D. or other)

Address Hannibal Mo. Date signed Sept 18-41

(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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Hannibal Missouri

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.