

Registration District No. Primary Registration District No. 3009 Registrar's No. 131

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution St. Francis Hospital
(d) Length of stay: In hospital or institution 3 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Butler
(d) Street No. 0
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Nora Ann Fuwell
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12/ day 31 year 1941 hour 12 minute 25 A.M.

4. Sex Female 5. Color or race white 5. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W. H. Fuwell 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased May 18, 1889 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/27 1941 to 12/30 1941 that I last saw him alive on 12/30 1941 and that death occurred on the date and hour stated above.
Immediate cause of death

8. AGE: Years 52 Months 6 Days 13 If less than one day hr. min.

Loekemia (Lymphatic)

9. Birthplace Perry County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
12. Name J. R. Black
13. Birthplace Perry County Mo
14. Maiden name Mary Black
15. Birthplace Perry County Mo

Due to
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations Of autopsy

16. (a) Informant W. H. Fuwell
(b) Address Butler, Mo.

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

17. (a) Burial (b) Date thereof 1/1/42
(c) Place: burial or cremation Postagville Cemetery

18. (a) Signature of funeral director H. E. Dyer
(b) Address Postagville Mo
19. (a) 1-2-42 (b) J. W. Phelps
(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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify kind of place)
23. Signature Date signed

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

RECEIVED

District Health Officer No. 4
District File Number 142-134
Date Filed 1-15-42

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.