

No. 2
-1-4-41
5-17-39
X26390

State File No. _____

FILED JUN 15 1942

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 154

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau

(c) Name of hospital or institution: D. Southeast Missouri Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hrs 15 min
(Specify whether years, months or days)

In this community 10 hrs 15 min

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger

(c) City or town Marble Hill
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Casetta Stinkard

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 D. A. Stinkard

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased 8-24-1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63 yrs</u>	<u>8</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Gravel Hill - Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name George Craft

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Nancy Fox

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant G. E. Stinkard

(b) Address Chapman Mo.

17. (a) ~~Place of burial~~ (b) Date thereof 5-13-42
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Baptist Church, Bollinger Co.

18. (a) Signature of funeral director J. E. Humphreys

(b) Address Chapman Mo.

19. (a) 5-16-42 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1942 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from About 5 yrs.
from 1937 to 1942

that I last saw her alive on May 11 and that death occurred on the date and hour stated above.

Immediate cause of death Alcohol about 7 yrs
Duration _____

Due to _____

Due to _____

Other conditions arterio sclerosis heart failure
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 61

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. E. Humphreys (M. D. or other) _____

Address Chapman Mo. Date signed 5-18-42

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

6
8
4

1014

FRIST NHP

RECEIVED

District Health Officers No. ⁴.....
District File Number ⁶⁴²⁻⁷⁴⁹.....
Late Filed ⁶⁻¹²⁻⁴².....

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 *Mare Bingham*.....
Licensed Embalmer No. *3242*.....

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.