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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 15

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

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: Cape Rock Drive Home 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community 13 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cape Girardeau
(c) City or town Cape Girardeau 16 (If outside city or town limits, write "RURAL")
(d) Street No. Cape Rock Drive 4 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME ESTHER M BRUNE

3. (b) If veteran, name war ✓

3. (c) Social Security No. 490-05-6625

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Robert

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Aug. (Month) 13 (Day) 1906 (Year)

8. AGE: Years 36 Months 5 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business formerly Employee Shoe Co.

FATHER
12. Name John Morton
13. Birthplace Oak Ridge (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Cora Wilson
15. Birthplace Advance (City, town, or county) Mo (State or foreign country)

16. (a) Informant Robert Brune
(b) Address Cape Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17 (Month) 1943 (Day) (Year)
(c) Place burial or cremation Memorial Park

18. (a) Signature of funeral director Walthers Und. Co
(b) Address Cape Girardeau Mo.

19. (a) 1-16-43 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Jan 15~~ day 15th year 1943 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from 10/10, 1942, to 1/18, 1943 that I last saw her alive on 1/14, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to

Due to

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 D. Heilbaugh (M. D. or other)
Address Cape Girardeau Mo Date signed 1/25/43

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 243-1756
Date Filed 2-8-43

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 Jim Ruster

Licensed Embalmer No. 3980

P. O. Address Cape Girardeau, Mo.

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.