

FILED NOV 10 1943

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 317

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution:
224 N. Ellis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs. (Specify whether years, months or days)

In this community 4 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(d) Street No. 224 N. Ellis (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emma Crowl

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
year 1943 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 28 1943 to Oct 12 1943
that I last saw her alive on Oct 1 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased: Sept 22 1861
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

8. AGE: Years 82 Months 0 Days 20
If less than one day hr. min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 83a

MOTHER FATHER

9. Birthplace: Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry of business Housewife

12. Name Joseph Benjamin Daugherty

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

14. Maiden name Unknown

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

Major findings: Of operations

Of autopsy

PHYSICIAN 83a

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Clyde Brandt
(b) Address Cape Girardeau Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-16-43
(Month) (Day) (Year)

(c) Place: burial or cremation Burial - East Palestine

18. (a) Signature of funeral director J. S. Hance
(b) Address Cape Girardeau Mo

19. (a) 10-17-43 (Date received local registrar) (b) J. H. Phelps (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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? 0 (Specify type of place) (c) Means of injury 0

23. Signature J. H. Phelps (M. D. or other) 0
Address Cape Girardeau Mo Date signed 10/13/43

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

16
1
4

1014

RECEIVED

District Health Officer No. 4
District File Number 1143-291
Date Filed 11-8-43

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.....

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.