S. No. 2
DM—2-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2374

Registration District No. 53

Primary Registration District No. 3010.

Registrar's No. 41.

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: Home. So. Cape Girardeau (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 36 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Gir.

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

(d) Street No. So. Cape Girardeau (If rural, give location)

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

If yes, name country ()

3. (a) PRINT FULL NAME Elizabeth Ford

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife John R. Ford

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

7. Birth date of deceased March (Month) 5 (Day), 1869 (Year)

8. AGE: Years 74 Months 10 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Jackson Co. (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name John Cleary
13. Birthplace ..... (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Sallie Lindsey
15. Birthplace ..... (City, town, or county) Ky. (State or foreign country)

16. (a) Informant D. A. Pond

(b) Address Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-44 (Month) (Day) (Year)

(c) Place: burial or cremation Fairmount Cem.

18. (a) Signature of funeral director M G Gorberg

(b) Address Cape Girardeau Mo.

19. (a) 1-31-44 (Date received local registrar) (b) H. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27 year 1944 hour 9 minute 13 P.M.

21. I hereby certify that I attended the deceased from 1/27/44 1-2, 19..., to 1/27/44, 19...; that I last saw her alive on 1/27, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Coronary Thrombosis

Due to Hypertension

Due to .....

Other conditions (Include pregnancy within 3 months of death) 94 a

Major findings:
Of operations .....

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 O. L. Seabaugh (M. D. or other)

Address Cape Girardeau, Mo. Date signed 1/29/44

1014

(Licensed Embalmer's Statement on Reverse Side)

Registrar's Officer No. 4
District File Number 244-3415
Date Filed 2-9-44

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 C. F. Lorberg

Licensed Embalmer No. 3810

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.