

FILED MAR 16 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 5182

Registrar's No. 12

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU Rural, Shannon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RFD #1 ABOUT 1/4 MILES N. of ORIOLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not in Hospital
(Specify whether years, months or days) ABOUT 3 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CAPE GIRARDEAU
(c) City or town CAPE GIRARDEAU Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME THOMAS JAFFERSON CARAKER

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 2 divorced WIDOWED

6. (b) Name of husband or wife ODELIA CARAKER 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased JUNE 27 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 2 If less than one day hr. min.

9. Birthplace UNION COUNTY ILL 1
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business _____

12. Name ELIGA CARAKER

13. Birthplace ILL. 1
(City, town, or county) (State or foreign country)

14. Maiden name DONT KNOW

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

16. (a) Informant Eva Wyatt
(b) Address Cape Girardeau, Mo.

17. (a) BURIAL (b) Date thereof MAR 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FAIRMOUNT CEMETARY

18. (a) Signature of funeral director M. E. Zorberg
(b) Address Cape Girardeau, Mo.

19. (a) 5-2-44 (b) Henry [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 29
year 1944 hour 2 minute 45 a.m.

21. I hereby certify that I attended the deceased from Dec 1942 to Feb 29 1944
that I last saw him alive on Feb 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Insufficiency

Due to mitral stenosis 10 yr

Due to Rheumatic heart disease 30 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g28
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? _____

While at work? _____ (Specify type of place)
(c) Means of injury 5

23. Signature T. E. Ruff (M. D. or other) MD
Address Jackson Mo Date signed 2-1-44

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

16
0
0

1028

RECEIVED

District Health Officer No. 4

District File Number 344-3550

Date Filed 3-9-44

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. J. Loberg*

....., 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.