

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

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Duaneau No Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether _____)
In this community _____
years, months or days 8 wks

3. (a) PRINT FULL NAME Elizabeth T Felton
(b) If veteran, name war _____
(c) Social Security No. _____

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: June 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 16
If less than one day _____ hr. _____ min.

9. Birthplace Dawson Co. Neb.
(City, town, or county) (State or foreign country)

10. Usual occupation Hom.

11. Industry or business _____

12. Name Ben O'Con

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

14. Maiden name Mary Dymous

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

16. (a) Informant Mrs Truman Miller

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof 11-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Parl.

18. (a) Signature of funeral director J. R. Phelps

(b) Address Cape Girardeau Mo

19. (a) 11-29-44 (b) J. R. Phelps
(Date received local registrar) (Registrar's signature)

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. White Row St
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25th
year 1944 hour 4^{PM} minute 15^P M.
21. I hereby certify that I attended the deceased from April
1st, 1944, to Nov. 25th, 1944
that I last saw h. alive on Nov. 25th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic cirrhosis
Duration 1 1/2 years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 J. R. Phelps (M. D. or other)

Address Cape Girardeau Mo Date signed 11/29/44

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 1244-4595

Date Filed 12-1-44

DEC 6 1944

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cop. See No

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.