

FILED MAR 9 1945
Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 55

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:
1224 South Ellis Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 years
years, months or days)

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. 1224 South Ellis Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Linnia A. Day

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife L.B. Day

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

7. Birth date of deceased February 28th 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 10 29 hr. _____ min.

9. Birthplace _____ (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Hammonds

13. Birthplace Don't Know

14. Maiden name Don't Know

15. Birthplace Don't Know

16. (a) Informant Mr. L.A. Day

(b) Address 1224 South Ellis St. City.

17. (a) Burial (b) Date thereof 1-29-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau Missouri

19. (a) 2-21-45 (b) G.A. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th
year 1945 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 2/15/44
1943 to 1/27/45 1945
that I last saw him alive on 1/26/45 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary occlusion

Due to Hypertension

Due to Arterio Sclerosis

Other conditions _____ (Include pregnancy within 3 months of death)

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? _____

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

23. Signature G.A. Phelps (M. D. or other) _____
Address Cape Girardeau Mo Date signed 2/19/45

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

RECEIVED

District Health Officer No. 4

District File Number 345-3

Date Filed 3-6-45

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.....
Lee Townes....., Registered Apprentice No. 376
working under my personal supervision.

Signed.....

R. B. Holman

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau, Missouri

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.