

STANDARD CERTIFICATE OF DEATH

State File No. 15968

Filed JUN 10 1948
Ground Coroner Jackson Mo.
Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 180

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

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: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Birdie Petty

3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex F 3
5. Color or race C
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife James Petty
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased 8/14 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 17
If less than one day hr. min.

9. Birthplace Sardis Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER, FATHER {
12. Name Mose Herron
13. Birthplace Unknown Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant James Petty
(b) Address Box 63 Sikeston, Mo.

17. (a) Burial (b) Date thereof 47/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director H. W. Albritton

(b) Address Sikeston, Mo.

19. (a) 5-28-1946 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100
(c) City or town Sikeston 5
(If outside city or town limits, write "RURAL")
(d) Street No. Sunset Addition 2
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 31
year 1946 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to _____

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

Major findings: Of operations (f) w

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 Dr. J. F. Summers
Address Jackson, Mo. Date signed 4/19/46

RECEIVED

Health Officer No. 4

District File Number 646-2196

Date Filed 6-6-46

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.....

Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed John Allerton.....

Licensed Embalmer No. 2941.....

P. O. Address Sikeston, 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.