

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 213

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 none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community all life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Cape

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

(d) Street No. 617 S. Ellis
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Laura Eaton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1946 hour 2:20 minute _____ M.

21. I hereby certify that I attended the deceased from 14th 1946, to June 17 1946 that I last saw her alive on June 16 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race w

6. (a) Single (b) Widowed (c) Married (d) Divorced

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

7. Birth date of deceased Sept 22 1872
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage

Duration 6 days

8. AGE: Years 73 Months 6 Days 23 If less than one day _____ hr. _____ min.

Due to hypertension and coronary arteriosclerosis

Due to myocardial

9. Birthplace Oak Ridge Mo
(City, town, or county) (State or foreign country)

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

Major findings: Of operations J.P.A.

Of autopsy _____

10. Usual occupation House wife

11. Industry or business none

12. Name Mat Fausse

13. Birthplace Oak Ridge Mo
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy

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

16. (a) Informant Anna Swann

(b) Address Cape Girardeau

17. (a) Burial (b) Date thereof 6-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont

18. (a) Signature of funeral director Joe G. Howell

(b) Address Cape Girardeau Mo

19. (a) 6-20-1946 (b) G.C. Summers
(Date received local registrar) (Registrar's signature)

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 h

23. Signature W.H. Wenzel (M. D. or other) _____

Address 223 Broadway Cape Girardeau Mo Date signed 6-20-46

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

18 JUL 1946

RECEIVED

District Health Officer No. 4
District File Number 746-2311
Date Filed 7-6-46

JUL 10 1946

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 Cape Girardeau

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.