

FILED AUG - 1 1946

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 234

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
(If not in hospital or institution, write street number or location) D
(d) Length of stay: In hospital or institution 1 month (Specify whether years, months or days)
In this community 1 month

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir.
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles south Oak Ridge
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Evangie Clippard

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 21

7. (b) Name of husband or wife W.F. Clippard 6. (c) Age of husband or wife if alive 5 years 1868

7. Birth date of deceased. Aug (Month) 5 (Day) 1868 (Year)

8. AGE: Years 78 Months 11 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name J.J. Fulbright

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

14. Maiden name Matilda Mayfield

15. Birthplace Cape Gir. County Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pink Wills

(b) Address Jackson Mo.

17. (a) Burial (b) Date thereof 7-7-1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Mo.

18. (a) Signature of funeral director Wilson Stiller Lebaugh

(b) Address Jackson Mo.

19. (a) 7-9-1946 (b) E. P. Summers (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 5 year 46 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from 6-5-46 to 7-5-46 that I last saw alive on 7-5-46 and that death occurred on the date and hour stated above.

Immediate cause of death _____

intestinal obstruction

Due to post-operative adhesions

Due to _____

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

Major findings: Of operations P.O. Adhesions

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)

(e) Means of injury _____

23. Signature E. P. Summers (M.D. or other) 7/6/46

Address Cape Gir. County Mo. Date signed 7/6/46

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

6
4

44

RECEIVED
Health Officer No. 4
File Number 846-2406
Date Filed 8-1-46

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

Signed Glenis Wilson
Licensed Embalmer No. 2828
P. O. Address Jackson 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.