

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **42**

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: **S.O.E. MO HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **15 DAYS**
(Specify whether
In this community **LIFE TIME**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **CAPE GIRARDEAU**
(c) City or town **CAPE GIRARDEAU**
(If outside city or town limits, write "RURAL")
(d) Street No. **217 No LORIMIER ST**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **✓**

3. (a) PRINT FULL NAME **GLARA ANNA BOSS**

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 **SINGLE**

6. (b) Name of husband or wife **—** 6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **AUG 31 - 1874**
(Month) (Day) (Year)

8. AGE: Years **72** Months **5** Days **8** If less than one day hr. min.

9. Birthplace **CAPE GIRARDEAU MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WORK**

11. Industry or business **—**

12. Name **JOHN BOSS**

13. Birthplace **GERMANY**

14. Maiden name **FERDINA HEUER**

15. Birthplace **GERMANY**

16. (a) Informant **MRS HERBERT STOLIER**

(b) Address **TUBSA OKLA.**

17. (a) **BURIAL** (b) Date thereof **2-11-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MEMORIAL PARK**

18. (a) Signature of funeral director **Walthus Wood**

(b) Address **Cape Girardeau Mo**

19. (a) **2-12-1947** (b) **G.C. Summers**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **9** year **1947** hour **3:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Jan 9** 19**47** to **Feb 9** 19**47**; that I last saw her alive on **Feb 9** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinomatosis of Carcinoma Head of Pancreas.**
Due to **—**
Due to **—**

Other conditions **466**
(Include pregnancy within 3 months of death)

Major findings: **Ca of Head of Pancreas**
Of operations **General Carcinomatosis**
Autopsy **✓**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**
(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 **0**

23. Signature **A. Washley** (M. D. or other) **MD**
Address **Cape Girardeau Mo** Date signed **2-11-47**

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

RECEIVED

District Health Officer No. 4
District File Number 247-23
Date Filed 2-17-47

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 Virgil H. Welch
Licensed Embalmer No. 4102
P. O. Address Cape Girardeau, 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.