

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED APR 7 1947

Registration District No. **53** Primary Registration District No. **3010** Registrar's No. **109**

16
14
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:
318 No. FOUNTAIN ST.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether years, months or days) 2.5 YEARS.

3. (a) PRINT FULL NAME EMMA S. GILDRESS.
 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 MARRIED
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased APRIL - 12 - 1881
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 20 hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business HOME

12. Name NEWTON STRICKLAND

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

14. Maiden name SOPHRONIA THOMPSON

15. Birthplace GARDEN, TENN.
 (City, town, or county) (State or foreign country)

16. (a) Informant WILLIAM GILDRESS.

(b) Address CAPE GIRARDEAU, Mo.

17. (a) BURIAL (b) Date thereof 4-4-1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ARMER GEMETERY

18. (a) Signature of funeral director Walters Lind

(b) Address Cape Girardeau, Mo.

19. (a) 4-4-1947 (b) C. C. Summer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County CAPE GIR.
 (c) City or town CAPE GIRARDEAU.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 318 No. FOUNTAIN ST.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 2
 year 1947 hour 10 AM minute..... M.
21. I hereby certify that I attended the deceased from April 1st
 19 47 to April 2 19 47
 that I last saw h. er alive on 4/2
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis.
 Duration.....

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations..... 94A

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) (2) Means of injury

23. Signature J. H. Kejin (M. D. or other)

Address Cape Girardeau **Date signed** 4-2-47

RECEIVED

Health Officer No. 4
District File Number 447-427
Date Filed 4-2-47

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. Kelch
Licensed Embalmer No. 4102
P. O. Address Cape Girardeau - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.