

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20281**

FILED JUL 1 1947

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **195**

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:
519 Amethyst
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **38 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Girardeau**
(c) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL")
(d) Street No. **519 Amethyst**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Nellie M. Daugherty**

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

4. Sex **Female** 5. Color or race **Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **I. H. Daugherty**
6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **August 20, 1897**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 **10** **0** hr. min.

9. Birthplace **Murphysboro, Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Sol Williams McGee**
13. Birthplace **Cape Girardeau County, Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Sarah Bedde**
15. Birthplace **Cape Girardeau County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. I. H. Daugherty**
(b) Address **519 Amethyst, Cape Girardeau**
17. (a) **Burial** (b) Date thereof **June 23, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Fairmont Cemetery**

18. (a) Signature of funeral director **F. J. Sparks**
(b) Address **Cape Girardeau, Missouri.**

19. (a) **6-24-1947** (b) **C. G. Summers**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **20**
year **1947** hour **12** minute **57** P.M.

21. I hereby certify that I attended the deceased from **6-17-1947** to **6-17-1947**
that I last saw her alive on **6-17-1947**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypertensive Heart Disease & Right Hemiplegia** Duration **6mons**

Due to **Chronic Nephritis** **10mons**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy **93P**
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 **W. A. Lingal** (M. D. or other) _____
Address **204 S. Locust St. Charleston, Mo.** Date signed **6-20-47**

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

RECEIVED

District Health Officer No. 4
District File Number 647-824
Date Filed 6-30-47

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 Frank Sparks
Licensed Embalmer No. 3455
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.