

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED JUL 8 1947

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **202**

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:
514 Olive St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **24 years** (Specify whether years, months or days)

In this community **24 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Manervia Gill**

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

4. Sex **Female** 3. 5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Will Gill** 6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **February 28, 1897**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	4	0	hr. _____ min.

9. Birthplace **Nesbitt Station, Miss.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

MOTHER FATHER

11. Industry or business _____

12. Name **Hap Williams** 9

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Orena Sterling**

(b) Address **514 Olive St., Cape Girardeau, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 2, 1947**
(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) **6-30-1947** (Date received local registrar) (b) **G. G. Summers** (Registrar's signature) 114

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cape Girardeau** 16

(c) City or town **Cape Girardeau** (If outside city or town limits, write "RURAL") 14

(d) Street No. **514 Olive St.** (If rural, give location) 0

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **28** year **1947** hour **4:** minute **55 P.** M.

21. I hereby certify that I attended the deceased from **6-17-1947** to **6-27-1947** that I last saw her alive on **6-27-1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia** 7 days

Acute Bronchitis 2 wks.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **108**

Major findings: Of operations _____

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) (e) Means of injury **0**

23. Signature **G. G. Summers** (M. D. or D. O.)

Address **204 S. Locust St. Cape Girardeau, Mo.** Date signed **6-30-47**

RECEIVED

District Health Officer No. 4
District File Number 247-895
Date Filed 2-2-47

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.....

Frank Sparks

Licensed Embalmer No. 3455

P. O. Address.....

Cap Suardan

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.