

FILED JUL 8 1947 STANDARD CERTIFICATE OF DEATH

State File No. 20300

Registration District No. 53 Primary Registration District No. 3010

Registrar's No. 209

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: St Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 1/2 hours
(Specify whether)

In this community Sixty one year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cape Gir 16

(c) City or town Jackson, Mo 2
(If outside city or town limits, write "RURAL") 1

(d) Street No. 23 (If rural, give location) 1

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

If yes, name country _____

3. (a) PRINT FULL NAME Adella Willie M's

3. (b) If veteran, name war ✓

3. (c) Social Security No. 1-2-23

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1947 hour 2 minute 40 a.m.

21. I hereby certify that I attended the deceased from June 28, 1947, to June 30, 1947.
That I last saw her alive on June 29, 1947, and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Chas Williams 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb 18 1874
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 3 hrs

8. AGE: Years 73 Months 4 Days 10 If less than one day hr. min.

Due to hypertension 10 yrs

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

Due to _____

Other conditions 0
(Include pregnancy within 3 months of death)

10. Usual occupation housekeeping

Major findings: 83A
Of operations _____

11. Industry or business _____

MOTHER FATHER

12. Name George H Kelley

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

14. Maiden name Felia Jamison

15. Birthplace Bismarck Mo.
(City, town, or county) (State or foreign country)

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs U.S. Meglowe

(b) Address Gilliam, Ga

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

17. (a) Burial (b) Date thereof 6-31-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Place: burial or cremation Old McKendage

(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? 0

18. (a) Signature of funeral director J. G. Gracets

(b) Address Jackson, Mo.

While at work? _____ (Specify type of place)

(e) Means of injury _____

19. (a) 7-4-1947 (b) G. G. Jamison
(Date received local registrar) (Registrar's signature)

23. Signature Mc Ruff (M. D. or other) Mo

Address Jackson Mo Date signed 7/2/47

RECEIVED

District Health Officer No. 4
District File Number 247-901
Date Filed 2-2-47

OCT 6 1958

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 Gene C. Caruoff
Licensed Embalmer No. 4937
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.