

FILED JUL 30 1947

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 222

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: Southeast Missouri Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one week  
(Specify whether)

In this community Entire life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 4 mile N.W. Miller ville  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME RHODA J. CRAMER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
year 1947 hour 87 minute 45 P.M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Henry A. Cramer 6. (c) Age of husband or wife if alive 71 1/4 years

7. Birth date of deceased May 29 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/14 1947 to 7/17 1947  
that I last saw her alive on 7/17  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Ovary Duration 4 1/2

8. AGE: Years 78 Months 1 Days 17 If less than one day  
hr. min.

Due to Carcinoma

Due to

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

10. Usual occupation Housekeeping

Other conditions (Include pregnancy within 3 months of death) None

11. Industry or business

12. Name William Wells

13. Birthplace Daisy Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Wells

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

Major findings: Carcinoma of Ovary

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Lucille Barrow

(b) Address Miller ville Mo.

17. (a) Burial (b) Date thereof 7-18-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Salem

18. (a) Signature of funeral director J. H. Miller

(b) Address J. H. Miller Mo.

19. (a) 7-22-1947 (b) C. C. Summers  
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. number)

Address [Address] Date signed 7/24/47

RECEIVED

Public Health Officer No. 4

License File Number 247-925

Date Filed 7-28-47

MS  
MAY 28 1959

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. Covell*

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.