

Registration District No. 53 Primary Registration District No. 3010

16  
1  
4

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

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

(b) City or town CAPE GIRARDEAU

(c) Name of hospital or institution:  
216 WILLIAM ST  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 60 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County CAPE GIR. 16

(c) City or town CAPE GIRARDEAU. 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 216 WILLIAM ST 4  
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME MOLLIE E. RANDOL

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6  
year 1947 hour 1:00 minute AM.

21. I hereby certify that I attended the deceased from Oct 15  
1947, to Nov. 6, 1947;  
that I last saw her alive on Nov. 6, 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 WIDOWED

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased AUG - 21 1869  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

Cardiac decompensation ✓

8. AGE: Years Months Days If less than one day

78 2 15 hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace EGYPT MILLS Mo. 0  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation HOUSE WIFE

11. Industry or business HOME

12. Name EDWIN M. POE. 9

13. Birthplace UNKNOWN

14. Maiden name MARGARET R. FISHER  
(State or foreign country)

15. Birthplace GEORGIA. 1  
(City, town, or county) (State or foreign county)

16. (a) Informant GLYDE RANDOL

(b) Address CAPE GIRARDEAU, Mo.

17. (a) BURIAL (b) Date thereof 11-8-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOBBS CHAPEL

18. (a) Signature of funeral director Walthers Funeral Home

(b) Address Cape Girardeau Mo.

19. (a) 11-8-47 (b) C. C. De... ..  
(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 2

23. Signature C. W. H. ... .. (M. D. or other) DO.

Address Cape Girardeau Mo. Date signed 10/6/47

**RECEIVED**

District Health Officer No. 4  
District File Number 1147-1431  
Date of Issue 11-10-47

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**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. Kelech

Licensed Embalmer No. 4102

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.**