

No. 2
1-5-43
5-17-39
1 X36671

State File No. _____

FILED DEC 16 1947

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 376

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:
204a North Main St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days)

In this community _____ (Specify whether 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. 204a North Main St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Jessie Mae Cora

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

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife C. Cora 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 16, 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>10</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Cora Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Ben Murden /

13. Birthplace Cora Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Beile Stafford

15. Birthplace Chester, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lester Ates

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 12/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 12-8-47 (b) G. G. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30, year 1947 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Aug 1 1947, to Nov 30 1947
that I last saw her alive on Nov 30 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Congestive Duration 20 years
Valvular Heart Disease

Due to Rheumatoid fever 30 years

Due to _____

Other conditions Syphilis latent unknown
(Include pregnancy within 3 months of death)

Major findings: Of operations 3/0/47

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 _____

23. Signature Edward D Campbell (M. D. or other) M.D.

Address Cape Girardeau Mo. Date signed 12-2-47

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

RECEIVED

Health Officer No. 4
File Number 1247-157
Date Filed 12-15-47

MAR 30 1948

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 William Lee Townes

Licensed Embalmer No. 4410

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.