

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

FILED FEB 16 1948

State File No. ....

Registration District No. ....

Primary Registration District No. 5181

Registrar's No. 9

1. PLACE OF DEATH:

(a) County: Cape Girardeau  
(b) City or town: Steidheim Area  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Apple Creek Inn  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 1 (Specify whether  
In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Cape Girardeau  
(c) City or town: Steidheim Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No.: Apple Creek Inn  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME

Mary Roy

3. (b) If veteran, name war: .....

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31 year 1948 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from Jan 30, 1948, to Jan 31, 1948, that I last saw her alive on Jan 28, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Heart failure

Due to: Pneumonia

Due to: .....

Other conditions: Scurvy (Include pregnancy within 3 months of death)

Major findings: Of operations: .....

Of autopsy: .....

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) (a) Years of injury: 0

23. Signature: M. D. or other: M.D. Address: Perryville Mo. Date signed: 1/31/48

5. Color or race: White  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife: Lucian Roy  
6. (c) Age of husband or wife if alive: .....

7. Birth date of deceased: August 2, 1858 (Month) (Day) (Year)

8. AGE: Years 89 Months 5 Days 29 If less than one day hr. min.

9. Birthplace: Perry County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: .....

12. Name: Joseph Elder

13. Birthplace: .....

14. Maiden name: Harnette Walker

15. Birthplace: .....

16. (a) Informant: Harold Roy (b) Address: Perryville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-2-1948 (Month) (Day) (Year) (c) Place: Mt. Hope Cemetery

18. (a) Signature of funeral director: Ben General Horn (b) Address: Perryville, Mo. (c) Date received local registrar: 2-2-48 (Date received local registrar) (d) Registrar's signature: S. B. Stubbs (Registrar's signature) 43

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN Underline the cause of which death should be charged statistically.

RECEIVED

District Health Officer No. 47

District File Number 248120

Date Filed 2-12-40

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 *Albert Bey*

Licensed Embalmer No. 3866

P. O. Address *Ferrysville, Pa*

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.

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-45  
X43880

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

482  
Jul  
9

Registration District No. 52

Primary Registration District No. 5181

State File No. \_\_\_\_\_

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Meramec  
(If outside city or town limits, give street and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Roy

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 wid

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Aug 2  
(Month) (Day) (Year)

8. AGE: Years 89 Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

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

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

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

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 \_\_\_\_\_

23. Signature H. Bailey (M. D. or other) \_\_\_\_\_  
Address Perryville Mo Date signed 7/9/48

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

SUPPLEMENTARY

S-482

Handwritten text, possibly a name or title, appearing as a series of connected loops.

H. ~~Handwritten~~ A