

FILED APR 6 1948

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 99

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:
Butler Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years (Specify whether years, months or days)

In this community 4 years

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. Butler Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Isabelle Elmira Cabbage

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30, year 1948 hour 2 minute 30 A.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased December 12, 1852
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 12, 1948 to Mar 30, 1948, that I last saw him or alive on Mar 18, 1948, and that death occurred on the date and hour stated above.

8. AGE: Years 95 Months 3 Days 18 If less than one day hr. _____ min. _____

Immediate cause of death Senility ? years

Due to _____

Due to _____

9. Birthplace Gravel Hill, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name John Dillinger

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

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Joseph E. Slinkard
(b) Address Butler St. Cape Gir. Mo.

17. (a) Burial (b) Date thereof 4/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leslie Cemetery

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau Mo.

19. (a) 4-1-48 (b) L. L. Haman
(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) (c) Means of injury 0

23. Signature [Signature] M. D. or other _____
Address 131 N. Ellis St., Cape Girardeau, Mo. Date signed _____

RECEIVED

Health Officer No. 4

File Number 448-41

4-5-48

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 Jones*

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.