

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 77

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: St. Francis  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days  
(Specify whether years, months or days)

In this community 6 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Bellinger

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

(d) Street No. Advance Mo. R. #4  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JENNIE MAE SKLCOX

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 5, year 1948 hour 1 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 Noah Sklcox

6. (c) Age of husband or wife if alive 17 years

7. Birth date of deceased: June 17, 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-1-48 to 3-5-48, 1948, that I last saw OR alive on 3/5/48, 1948; and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 8 Days 18 If less than one day hr. min.

Immediate cause of death: Myocarditis

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

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

Other conditions Hypertension  
(Include pregnancy within 6 months of death)

9. Birthplace Bellinger Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

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

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

12. Name Bud Jones

13. Birthplace Not known  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

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? \_\_\_\_\_

16. (a) Informant Mrs. Marion Parker

(b) Address Advance, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Mar. 6, 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Green Cem. Mo.

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury

23. Signature G. B. Smith (M. D. or other) \_\_\_\_\_

Address Cape Girardeau Date signed 3/5/48

18. (a) Signature of funeral director Lloyd S. Morgan

(b) Address Advance, Mo.

19. (a) 3-9-48 (Date received local registrar)

(b) G. G. Sumner (Registrar's signature) 11:1

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

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EMERALD

Health Officer No. 4  
File Number 248-345  
Date Filed 3-15-48

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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.....

Ira E. Meadows

Registered Apprentice No. 427

working under my personal supervision.

Signed Lloyd S Morgan

Licensed Embalmer No. 3361

P. O. Address Advocate, Ma

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.