

FILED NOV 16 1948

Registration District No. 2

Primary Registration District No. 3010

Registrar's No. 345

1. PLACE OF DEATH: *Cape Girardeau*

(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. Mary's Hospital*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: *6 days*
(Specify whether *1870*)

In this community: *1870*
years, months or (days)

3. (a) PRINT FULL NAME: *OMA EARLENE BURTON*

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

3. (c) Social Security No.: *-*

4. Sex: *Female*

5. Color or race: *White*

6. (a) Single, widowed, married, divorced: *Single*

6. (b) Name of husband or wife: *John*

6. (c) Age of husband or wife if alive: *-* years

7. Birth date of deceased: *Nov 11 1930*
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<i>18</i>	<i>9</i>	<i>22</i>	<i>-</i> hr. <i>-</i> min.

9. Birthplace: *Alto Pass Ill*
(City, town, or county) (State or foreign country)

10. Usual occupation: *Housewife*

11. Industry or business: *Carl Burton*

12. Name: *Carl Burton*

13. Birthplace: *Alto Pass Ill*
(City, town, or county) (State or foreign country)

14. Maiden name: *Mary Carl*

15. Birthplace: *Florida*
(City, town, or county) (State or foreign country)

16. (a) Informant: *Carl Burton*

(b) Address: *McClure, Ill*

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

(b) Date thereof: *11-5-48*
(Month) (Day) (Year)

(c) Place: burial or cremation: *Graveson, Ill. Medway*

18. (a) Signature of funeral director: *J. J. Howell*

(b) Address: *Cape Girardeau, Mo*

19. (a) *11-11-48* (Date received local registrar)

(b) *C. C. Summers* (Registrar's signature) *40*

2. USUAL RESIDENCE OF DECEASED:

(a) State: *Missouri* (b) County: *Wentworth*

(c) City or town: *McClure* 999
(If outside city or town limits, write "RURAL")

(d) Street No.: *11*
(If rural, give location)

(e) Citizen of foreign country? *No* (Yes or No) *0*
If yes, name country: *2*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: *Nov* day: *3*
year: *1948* hour: *1:55* minute: *9* M.

21. I hereby certify that I attended the deceased from: *Oct 28*, 19*48* to: *Nov. 3*, 19*48*
that I last saw him alive on: *Nov 3*, 19*48*
and that death occurred on the date and hour stated above.

Immediate cause of death: *Paralysis of Respiratory Center*

Due to: *Skull Fracture accidental*

Due to: *-*

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

Major findings: *NO*

Of operations: *NO*

Of autopsy: *NO*

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

(a) Accident, suicide, or homicide (specify): *Accident 126*

(b) Date of occurrence: *Oct 28 1948*

(c) Where did injury occur?: *Alexander, Ill*
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?: *on Hwy.*

(e) While at work? *no* (Specify type of place)

(f) Means of injury: *Fall from Auto.*

23. Signature: *M. J. Gabel* (M. D. or other) *MD*

Address: *Cape Girardeau, Mo* Date signed: *11/10/48*

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

Sanitary Health Officer No. 4

Case File Number 1148-1402

Date Filed 11-15-48

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.