

Registration District No. **33**

Primary Registration District No. **3010**

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 Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours
(Specify whether years, months or days)

In this community 13 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. 513 Maple Street
(If rural, give location)

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

3: (a) PRINT FULL NAME Malisia Flusher

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert Flusher

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

7. Birth date of deceased November 3rd 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>0</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Mayfield Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER { 12. Name S.P. Whitt

13. Birthplace Graves Co. Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sadie Whitt

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L.C. Yarbro

(b) Address Chaffee, Missouri

17. (a) Burial (b) Date thereof 11-11-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lonimier Cemetery

18. (a) Signature of funeral director L.B. Berman

(b) Address Cape Girardeau, Missouri

19. (a) 11-15-48 (b) C.C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8th
year 1948 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from 11-7-48 to 11-8-48
that I last saw alive on 11-7-48
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocarditis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) Nephritis

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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? 0

While at work? _____ (Specify type of place) _____ (Specify type of injury)

23. Signature [Signature] (M. D. or other) [Signature]

Address Cape Girardeau Date signed 11/12/48

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

6
GIVED

Health Officer No. 4

1148-142

11-22-48

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 *Edward J. Howard*

Licensed Embalmer No. 4122

P. O. Address *1001 Lincoln St.,*

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.