

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 12 248

Primary Registration District No. 3009

Registrar's No. 87

1. PLACE OF DEATH:

(a) County Cape Girardeau  
 (b) City or town 2  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1325 Broadway 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community All her life.  
 years, months or days)

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. 1605 Lacey  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Lottie Jane Heise 2411  
 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 Chas. W. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan 4 1871  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 1 25 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jackson Mo (City, town, or county) (State or foreign country)  
 10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name John Watkins  
 13. Birthplace Cape G. County (City, town, or county) (State or foreign country)  
 14. Maiden name Ellen Brooks  
 15. Birthplace Cape G. County (City, town, or county) (State or foreign country)

16. (a) Informant's own signature L. J. Heise  
 (b) Address Cape Girardeau - Mo  
 17. (a) Burial (b) Date thereof 3-1-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lorimer Cemetery  
 18. (a) Signature of funeral director J. E. Howell  
 (b) Address Cape Girardeau Mo.  
 19. (a) 3-29-40 (b) J. M. Thompson  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 29  
 year 1940 hour 4:50 minute 0 M.  
 21. I hereby certify that I attended the deceased from 3/10/39  
 \_\_\_\_\_, 19\_\_\_\_, to 3/28, 1940  
 that I last saw her alive on 3/28, 1940  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Acute nephritis - Duration \_\_\_\_\_

Due to Nephritis - Chronic.  
 Due to \_\_\_\_\_  
 Other conditions Heart - Murrur  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations 121  
 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?  
 \_\_\_\_\_  
 \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature J. E. Howell (M. D. or other) 1  
 Address Cape Girardeau Mo Date signed 3-29-40

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**