

NOV 15 1940
Registration District No. 25

Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: S.E. Mc Hospital 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME

Matildia Kurra

3. (b) If veteran,

name war _____

3. (c) Social Security

No. none

4. Sex

F

5. Color or race

W.

6. (a) Single, widowed, married,

divorced M

6. (b) Name of husband or wife

William Kurra

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

Dec211870

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

69915

hr.

min.

9. Birthplace

Cape Girardeau County 0

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife 6

11. Industry or business

12. Name

George Weiss 6

13. Birthplace

Germany

(City, town, or county)

(State or foreign country)

14. Maiden name

Minnie Jones

15. Birthplace

Germany

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Mrs. Hermann Sch

(b) Address

Jackson No. 317. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

12/18/40

(Month)

(Day)

(Year)

(c) Place: burial or cremation

Hannay Cemetery

18. (a) Signature of funeral director

McComb & Co Cat

(b) Address

2211 Jackson19. (a) 10-16-40

(Date received local registrar)

J.M. Thompson

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 2 #3
(If rural, give location)
(e) If foreign born, how long in U. S. A? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1940 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 25, 1940, to Oct 14, 1940

that I last saw her alive on Oct 13, 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of the 5 days

Due to cholelithotomy

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: 705 Gall Stones

Of operations _____

Of autopsy no

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)

(e) Means of injury _____

23. Signature J.M. Thompson (M. D. or other) _____

Address Jackson Mo Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

BH Meyer

Licensed Embalmer No. *3051*

P. O. Address *Jackson 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, above space should be left blank.