No. 2
-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2062

State File No.

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 32

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 (Specify whether
In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Cape Girardeau 16
(c) City or town Cape Girardeau 4 (If outside city or town limits, write "RURAL")
(d) Street No. 233 Bellevue (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nora Naeter
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 Single 0
6. (b) Name of husband or wife +
6. (c) Age of husband or wife if alive + years
7. Birth date of deceased Feb. (Month) 11 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
76	11	4	hr. min.

9. Birthplace Quincy (City, town, or county) Ill 1 (State or foreign country)
10. Usual occupation Music Teacher
11. Industry or business
FATHER
12. Name George P. Naeter
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Mary Fechner
15. Birthplace Ohio (City, town, or county) 1 (State or foreign country)
16. (a) Informant Mr Fred Naeter
(b) Address Cape Girardeau Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mausoleum
18. (a) Signature of funeral director Walthers Funeral Home
(b) Address Cape Girardeau Mo.
19. (a) 1-17-41 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16
year 1941 hour 12 minute 15 A M.
21. I hereby certify that I attended the deceased from Nov 4/40, 19, to Jan 16, 1941
that I last saw her alive on Jan. 16, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum Primary
Due to
Due to 4 6d
Other conditions Metastases into thorax (Include pregnancy within 3 months of death)
Major findings: Of operations Cu of bowl
Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury
121
23. Signature Carl A W Zimmermann (M. D. or other) D
Address Cape Girardeau Date signed Jan 17/41

(Licensed Embalmer's Statement on Reverse Side)

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 J. W. Prater

Licensed Embalmer No. 3980

P. O. Address Cape Girardeau, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.