

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **10266**

Registration District No. **125**

Primary Registration District No. **3009**

Registrar's No. **120**

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 days**  
(Specify whether  
In this community **20 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**  
(c) City or town **Catron**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural**  
(If rural, give location)  
(e) Citizen of foreign country? **-----** (Yes or No)  
If yes, name country **-----**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **19**  
year **1944** hour **2** minute **20 a.** M.  
21. I hereby certify that I attended the deceased from  
**3-5** 19**44** to **3-19** 19**44**  
that I last saw **alive** on **3-18** 19**44**  
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death  
**Intestinal Obstruction**  
Due to **Post-op. Adhesions**  
Due to **-----**

Other conditions  
(Include pregnancy within 3 months of death) **-----**  
Major findings:  
Of operations **Adhesions**  
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?  
While at work? (Specify name of place) (e) Manner of injury **-----**  
23. Signature **W. D. ...** (M. D. or other) **MD**  
Address **Cape Girardeau, Mo.** Date signed **3/19/44**

3. (a) PRINT FULL NAME **Fannie Matthews**  
3. (b) If veteran, name war **-----** 3. (c) Social Security No. **-----**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **J. C. Matthews** 6. (c) Age of husband or wife if alive **52** years  
7. Birth date of deceased **June 10, 1902**  
(Month) (Day) (Year)

8. AGE: Years **38** Months **9** Days **9** If less than one day  
hr. min.

9. Birthplace **Holly Springs, Miss.** (City, town, or county) (State or foreign country)  
10. Usual occupation **Housewife**

11. Industry or business **-----**  
12. Name **Willis Pointer**  
13. Birthplace **Holly Springs, Miss.** (City, town, or county) (State or foreign country)  
14. Maiden name **Manda Farington**  
15. Birthplace **Holly Springs, Miss.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lillie Baldwin (Sister)**  
(b) Address **Chicago, Ill.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **March 19, 1944** (Month) (Day) (Year)  
(c) Place: burial or cremation **Holly Springs, Miss.**

18. (a) Signature of funeral director **F. J. Sparks** (b) Address **Cape Girardeau, Mo.**

19. (a) **3-19-44** (Date received local registrar) (b) **Jan. Thompson** (Registrar's signature)

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

6  
1  
4

**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

*Frank Sparks*

Licensed Embalmer No. *3455*

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.**