

Registration District No. 123Primary Registration District No. 3009Registrar's No. 103

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:
4 Southeast Missouri Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Lais Geraldine Wagoner

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex F. / 5. Color or race White 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased April 2, 1939
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
1 11 10 hr. min.9. Birthplace McClure, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Russell Wagoner
 13. Birthplace Jeffersonville, Ill.
 (City, town, or county) (State or foreign country)
 14. Maiden name Erada Kandel
 15. Birthplace McClure, Ill.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature L. P. Wagoner(b) Address McClure, Illinois17. (a) Burial (b) Date thereof 3-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Louisburg Cemetery18. (a) Signature of funeral director Joe K. Stuebel(b) Address Cape Girardeau, Mo19. (a) 3-13-41 (b) J.M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County ALEXANDER
 (c) City or town McClure
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1941 hour 7 minute 57 P. M.21. I hereby certify that I attended the deceased from March
1, 1941, to March 12, 1941
that I last saw her alive on 3/12, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death

Broncho Pneumonia 2 days
following
Whooping Cough 2 wks

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)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?
12! (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature Chas. J. Herber (M. D. or other) 11Address Cape Girardeau Date signed 3/13/41

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. Howell*

Licensed Embalmer No. 3390

P. O. Address Cape Breton

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.