

3-40
7-39
X23159

Registration District No. **140** **MAY 9, 1941**

Primary Registration District No. **3009**

State File No. _____
Registrar's No. **141**

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 **3 da**
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Mary Lou M^c Card**

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

4. Sex **F** 1 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **W L M^c Card** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **March 1902**
(Month) (Day) (Year)

8. AGE: Years **39** Months **1** Days **2** If less than one day hr. min.

9. Birthplace **Ala.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER

12. Name **John Robbins**

13. Birthplace **Ala.**
(City, town, or county) (State or foreign country)

14. Maiden name **Ada Morgan**

15. Birthplace **Ala.**
(City, town, or county) (State or foreign country)

16. (a) Informant **W L M^c Card**

(b) Address **Portageville, Mo**

17. (a) **Burial** (b) Date thereof **4-10-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **mt. Zion**

18. (a) Signature of funeral director **Herman West Co**

(b) Address **St. Louis, Mo**

19. (a) **5-1-41** (b) **Jim Thompson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pemiscot 78**
(c) City or town **Portageville Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) **1**
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **8**
year **1941** hour **11** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **4/6**, 19**41**, to **4/8**, 19**41**;
that I last saw h^er alive on **4/8**, 19**41**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**
St. Vincent Red Cross
Uremic Coma
Due to _____
Due to _____

Duration
1 wk
2 da

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **Hypertension**
Of operations _____
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? **121**

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **D. B. Glod** (M. D. or other) **D**
Address **Cape Girardeau** Date signed **5/1/41**

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

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: *William C. Shelton*

Licensed Embalmer No. *5929*

P. O. Address *Steele, 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, fact should be so stated above.