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4-41
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K26320

FILED AUG 11 1941

Registration District No. 121 Primary Registration District No. 3009

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

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: So. E. Mo. Hospital
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau ⁰¹⁶

(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL") ⁴

(d) Street No. 324 Thomas St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Florence O'Donoghue

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 18
year 41 hour 350 minute P M.

21. I hereby certify that I attended the deceased from 1-16-41
1941, to 7-18 1941;
that I last saw her alive on 7-18- 1941;
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased: June 1 - 1879
(Month) (Day) (Year)

Immediate cause of death Carcinoma Rectum & Metastasis ^{Duration 2 yrs}

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>1</u>	<u>17</u>	hr. min.

Due to 460

Due to —

9. Birthplace Cape Girardeau Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business Teaching School

12. Name Alfred H. O'Donoghue

13. Birthplace Waterford Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Templeton

15. Birthplace Summit Co. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Nell Nicodemus

(b) Address 324 Thomas Cape

17. (a) Burial (b) Date thereof July 20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lorimier Cem.

18. (a) Signature of funeral director Walter Und. Co

(b) Address Cape Girardeau Mo.

19. (a) 7-20-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy none

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 type of place) (e) Means of injury —

23. Signature D. B. E. Broad (M. D. or other) —

Address Cape Girardeau Date signed —

DEC 22 1980

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.....

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 the above constitutes grounds for revocation of license.)

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