

FILED SEP 9 1941

Registration District No. 21

Primary Registration District No. 3009

Registrar's No. 318

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community All life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mo
(c) City or town Cape Girardeau Mo
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1941 hour 15 minute 9 M.
21. I hereby certify that I attended the deceased from Aug 9 1941 to Aug 26 1941
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death encephalitis
Duration actual 12 yrs

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

Major findings:
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?

While at work? _____ (Specify type of place) _____ (c) Means of injury _____
23. Signature J. B. Orites (M. D. or other) _____
Address Jackson 922 Date signed 8-27-41

3. (a) PRINT FULL NAME Oma Ethel Haeller
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alfred Haeller 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 10 1901
(Month) (Day) (Year)

8. AGE: Years 40 Months 3 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name J. B. Orites
13. Birthplace Daisy Missouri (City, town, or county) (State or foreign country)
14. Maiden name Maude Seabough
15. Birthplace Sageville Mo (City, town, or county) (State or foreign country)

16. (a) Informant Dale Orites
(b) Address Kelso Missouri

17. (a) Burial (b) Date thereof 8-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harriott Cemetery Seabough

18. (a) Signature of funeral director Seabough
(b) Address Cape Girardeau Mo

19. (a) 8-27-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

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

16
1
4

121

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 *W. B. Esten*.....

Licensed Embalmer No. *3568*.....

P. O. Address *Cape Girardeau 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.