

Registration District No. 125

Primary Registration District No. 3009 5178

Registrar's No. 357

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural
(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 (Specify whether)

In this community years, months or days

3. (a) PRINT FULL NAME IDA FONA Priest

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

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

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

7. Birth date of deceased March 7 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 21 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Cooper Raulo

13. Birthplace Cape Girardeau County
(City, town, or county) (State or foreign country)

14. Maiden name Elmira A. Raulo

15. Birthplace Cape Girardeau County
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. M. Priest

(b) Address Rural Route 3

17. (c) Rural (b) Date thereof 9/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director J. M. Priest

(b) Address 215 S. 1st St. St. Louis, Mo.

19. (a) Sept. 29-41 (b) J. M. Priest
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Londonville Route 10
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day Sept year 1941 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from 9/20/41 to 9/28/41

that I last saw him alive on 9/27 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to _____

Other conditions 830
(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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature J. M. Priest (M. D. or other)
Address Cape Girardeau Date signed 9/29/41

Exact statement of OCCUPATION is very important.

1270
427
7018
LZH

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 Thas R. Allen

Licensed Embalmer No. 4055

P. O. Address Jackson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.