

Registration District No. 125

Primary Registration District No. 1253009

Registrar's No. 62

1. PLACE OF DEATH:

(a) County. Cape Girardeau

(b) City or town. 11111

(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. _____ (Specify whether)

In this community. 5 Mo. - 27 Days years, months or days

3. (a) PRINT FULL NAME NORMA JEAN VICK

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife. _____

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

7. Birth date of deceased. April 29 - 1941
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>5</u>	<u>27</u>		hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Norman Vick

13. Birthplace West Frankfort, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Carlson

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

16. (a) Informant Norman Vick

(b) Address Marion, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 10-26-41
(Month) (Day) (Year)

(c) Place: burial or cremation Woods Chapel

18. (a) Signature of funeral director J. E. Schuler

(b) Address Cape Girardeau, Mo.

19. (a) 10/27/41 (Date received local registrar)

(b) F. W. Phelps (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. 40. Main
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 year 1941 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 24 - 1941 to October 26 - 1941

that I last saw her alive on Oct 26 - 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Transition from Malnutrition

Duration 3-4 days

Due to _____

Due to _____

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

Major findings: 158

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 0

23. Signature G. J. Oehler (M. D. or other) _____

Address CAPE GIRARDEAU, MO. Date signed 10/27/41

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

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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.....

P. O. Address.....

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.