

No. 2
-1-4-41
5-17-39
X26390

37990

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 11 1941

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 67

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau City
(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 8 weeks
(Specify whether
In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape
(c) City or town Delta Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Elizabeth Suider

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

4. Sex Female 5. Color or race White 5. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oliver Suider 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept 22 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 1 10 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Wash Davis

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

14. Maiden name OK

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

16. (a) Informant Oliver Suider

(b) Address Delta Mo.

17. (a) Burial (b) Date thereof 11-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Seafough Fun. Home

(b) Address Cape Girardeau Mo.

19. (a) 11-8-41 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2
year 1941 hour 3 minute 0 P. M.

21. I hereby certify that I attended the deceased from Sept-5-1941 to Nov 2 1941
that I last saw him alive on Nov 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis Myocarditis
Duration

Due to Coronary disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 938

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) (e) Means of injury 0

23. Signature D. Searcy (M. D. or other) 230
Address Cape Girardeau Date signed 11/8/41

1014

(Licensed Embalmer's Statement on Reverse Side)

Was embalmed

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. H. Estes*

Licensed Embalmer No. *3568*

P. O. Address *Cape Girardeau*

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.