

FILED MAR 3 1942
Registration District No.

Primary Registration District No. 3009

State File No.
Registrar's No. 1.

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:
At Home - 1224 Merriwether
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Cape Girardeau

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

(d) Street No. 1224 Merriwether
(If rural, give location)

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

3. (a) PRINT FULL NAME Etta McLain

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

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

7. Birth date of deceased. Sept. 23 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 3 8 _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Wm Farr

{ 13. Birthplace Longtown Mo
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sheri Abernathy

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

16. (a) Informant Percy Little

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof. I-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lorimer Cemetery

18. (a) Signature of funeral director. Joe E. Hance

(b) Address Cape Girardeau Mo

19. (a) 1-8-42 (b) J. W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1942 hour 4 minute 10 p. M.

21. I hereby certify that I attended the deceased from Jan. 1 1942 to Jan. 1 1942 that I last saw her alive on Jan. 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage

Due to Hypertension

Due to Ch

Other conditions. Ch Myocarditis
(Include pregnancy within 3 months of death)

Major findings: 8-3a
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) (e) Means of injury _____

23. Signature D. B. Brad (M. D. or other) _____

Address Cape Girardeau Mo Date I-2-42

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

16
14

16
1
4
0

1017

RECEIVED

District Health Officer No. 4

District File Number 241-144

Date Filed 2-10-42

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 Joe E. Howell

Licensed Embalmer No. 3390

P. O. Address Cape Breton N.S.

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.