

FILED MAR 3 1942

Registration District No. **125**

Primary Registration District No. **3009**

Registrar's No. **10**

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: St. Francis Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 wk.
In this community 29 apt Turk. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 9
year 42 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from 11/8 1941 to 1/9 1942;
that I last saw her alive on 1/9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Due to senility

Other conditions fracture of left hip since 11-10-41
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 1860/10

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 11-18-41
(c) Where did injury occur? Marion Scott County, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? No (Specify type of place)
(e) Means of injury Walking in home
23. Signature R. A. Pitter, M.D.
Address Cape Girardeau, Mo Date signed 1-9-42

Duration
1 yr
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Mary Martha Porter

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 Widow
6. (b) Name of husband or wife James D. Porter 6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Jan 5 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months - Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

MOTHER FATHER

12. Name Fran H Foster
13. Birthplace Tenn
(City, town, or county) (State or foreign country)
14. Maiden name Ligatha Seif
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant C. F. Porter
(b) Address Marion Mo
17. (a) Burial (b) Date thereof Jan 11, 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Marion Cem Scott Co Mo

18. (a) Signature of funeral director Bispinghoff & Hubbard
(b) Address Cape Girardeau Mo
19. (a) 1-10-42 (b) J. W. Phelps
(Date received local registrar) (Registrar's signature)

1014

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

RECEIVED

District Health Officer No. _____
District File Number 242-159
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 Mamie Beplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.