

FILED MAY 21 1942  
Registration District No. 25

Primary Registration District No. 3009

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Cape Girardeau, R. F. D. # 1.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 28 Years. (Specify whether  
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. Cape Girardeau, R.F.D. # 1.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2  
year 1942 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from March 30th 1942, to April 2 1942;  
that I last saw her alive on Apr 2 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion myocarditis and Myocarditis  
Due to Resonance occlusion and occlusion  
Due to .....

Duration  
1 yr

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

Major findings:  
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)  
(e) Means of injury.....

23. Signature W.H. West (M. D. or other).....  
Address Cape Girardeau Date signed 4-4-42

3. (a) PRINT FULL NAME Ruth Marie Davis

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 Married

6. (b) Name of husband or wife Fred A. Davis 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased 9 17 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
38 6 15 hr. min.

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

10. Usual occupation House wife

11. Industry or business.....

12. Name J. F. Bracken

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

14. Maiden name Ella Nize

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

16. (a) Informant Fred A. Davis

(b) Address Cape Girardeau, R. F. D. #

17. (a) Removal (b) Date thereof 4-5-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thebes, Ill.

18. (a) Signature of funeral director F. L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 4-4-42 (b) F. W. Phelps  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 4

District File Number 542-670

Date Filed 5-18-42

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, by  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Earl J. Smith  
.....  
Licensed Embalmer No. 3676  
.....  
P. O. Address Cape Girardeau, 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.