

FILED JUN 19 1942

Registration District No. 125

Primary Registration District No. 3009

State File No. H. 2. 4

Registrar's No. 140

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

16
1
4

1. PLACE OF DEATH:

(a) County Loafe Girardeau

(b) City or town Loafe Girardeau

(c) Name of hospital or institution: St. Francis Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 20 hrs.
(Specify whether years, months or days)

In this community 20 hrs.

3. (a) PRINT FULL NAME MARIAN E. MICHEL

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased May 1 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	20 hr. 0 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Russel J. Michel

13. Birthplace Franklin Co Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Alma Brinkman

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

16. (a) Informant Russel J. Michel

(b) Address Loafe Girardeau Mo

17. (a) Burial (b) Date thereof May 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmount

18. (a) Signature of funeral director Walthus Und. Co

(b) Address Loafe Girardeau Mo

19. (a) 5-2-42 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Loafe Girardeau

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

(d) Street No. 225 N 7th Ellis St
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 2nd
year 1942 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 5/1, 1942 to 5/2, 1942

that I last saw her alive on 5/1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis of the lung

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Chas. J. Herd (M. D. or other) _____

Address Loafe Girardeau Mo Date signed 5/2/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1014

RECEIVED

District Health Officer No. 7

District File Number 642-755

Date Filed 6-15-42

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.....

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.