V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24002

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 218

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

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: So. E. Mo. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 5 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. 2512 Brown Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUELLA LINSON
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 Widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 12. (Day) 1864 (Year)

8. AGE: Years 77 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Mc. Clure (City, town, or county) Ill. (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER 12. Name Pilgrim Mc Raven
13. Birthplace (City, town, or county) Ill. (State or foreign country)
MOTHER 14. Maiden name Jane Phillips
15. Birthplace Mc Clure (City, town, or county) Ill (State or foreign country)
16. (a) Informant H. M. Bain
(b) Address Chevy Chase Md.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 29 (Day) 42 (Year)
(c) Place: burial or cremation Loumen
18. (a) Signature of funeral director Walther's und. Co.
(b) Address 260 N. Middle
19. (a) 7-28-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1942 hour 5 minute A M.
21. I hereby certify that I attended the deceased from July 25, 1942, to July 27, 1942 that I last saw her alive on July 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Comminuted Fractured Hip. Shock — Duration 2½ days
Due to 1860
Due to 18
Other conditions Albumin Urine
(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) Fall Fractured Hip
(b) Date of occurrence July 25 — 42 136
(c) Where did injury occur? Mc Clure (City or town) Alexander (County) Ill (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Fractured hip
23. Signature J. W. Berry (M. D. or other)
Address Cape Girardeau Mo. Date signed 7-28-42

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 842-1031
Date Filed 8-11-42

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 J. W. Rister

Licensed Embalmer No. 3980

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.