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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1942

State File No. 26875

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 243

1. PLACE OF DEATH:

(a) County Cape Girardeau, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 115 N. Sprigg St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 7 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 14

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

(d) Street No. 115 N. Sprigg St. (If rural, give location)

(e) Citizen of foreign country? Citizen no. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Lutie Tisdel

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 2 widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 1 (Day) 1872 (Year)

8. AGE: Years 70 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Flyersburg (City, town, or county) Penn 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Pierce
13. Birthplace Penn (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Daughter

(b) Address Cape Girardeau, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-42 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Seabaugh Sun Home

(b) Address Cape Girardeau, Mo

19. (a) 8-15-42 (Date received local registrar) (b) F.K. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1942 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8/1, 1941, to 8/14, 1942 that I last saw her alive on 8/14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma abd Vicera

Due to Carcinoma Ovary

Due to

Other conditions (Include pregnancy within 3 months of death) 46

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M.D. or other)

Address Cape Girardeau Mo. Date signed 8/15/42

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 44-1175
Date Filed 9-9-42

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 Glenn Wilson

Licensed Embalmer No. 2828.

P. O. Address Jackson, 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.