

FILED OCT 14 1942

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 261

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 Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
(Specify whether years, months or days)
In this community Most of life 25 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 14 No. Ellis St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME KATIE B. WHITELAW

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 Dec. 6 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 4 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Zalma Block

13. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Rodney

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

16. (a) Informant Tom H. Whitelaw

(b) Address Cape Girardeau Mo.

17. (a) Burial (b) Date thereof Sept 12-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lorimer Cem

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

(b) Address Cape Girardeau Mo.

19. (a) 8-11-42 (b) F. H. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1942 hour 2 minutes 35 P. M.

21. I hereby certify that I attended the deceased from 8/15 1942

that I last saw him alive on Sept 10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death cardiac failure

Due to myocarditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 932

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 [Signature] (M. D. or other)

Address Cape Girardeau Mo. Date signed 9/4/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16
1
4

RECEIVED

District Health Officer No. 4

District File Number 1042-126

Date Filed 10-13-42

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.