

FILED NOV 11 1942

Registration District No. 2

Primary Registration District No. 3010

Registrar's No. 300

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: S.E. Mo Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ballinger

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

(d) Street No. Patton Mo
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Ida Mai CRITES

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Gerard Crites

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Dec 23 1889
(Month) (Day) (Year)

8. AGE: Years 53 Months 52 Days 9 If less than one day hr. min. 14

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

10. Usual occupation Housewife

11. Industry or business

12. Name Moses Bratherton

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

14. Maiden name Margaret Staller

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

16. (a) Informant Gerard Crites

(b) Address Patton Mo

17. (a) Burial (b) Date thereof Oct 18 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Post Oak Cemetery

18. (a) Signature of funeral director McComb & Co

(b) Address Lackey Mo

19. (a) 10-27-42 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 16 day Oct
year 1942 hour 3 minute 2 M.

21. I hereby certify that I attended the deceased from Oct 15
1942 to Oct 17 1942
that I last saw alive on Oct 16 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pa School Duration

Due to Removal Maley non-ovarian tumor

Due to 490

Other conditions (Include pregnancy within 3 months of death)

Major findings: Large ovarian cyst, malignant of epithelial interest

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 0

23. Signature F. W. Phelps (M. D. or other).....

Address Cape Girardeau Mo Date signed 10/17/42

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

16
1
4

RECEIVED

District Health Officer No. 3
District File Number 1142-1373
Date Filed 11-9-42

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.....

BH Meyer

Licensed Embalmer No. 3057

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.