

FILED APR 9 1943
Registration District No. 33

Primary Registration District No. 3010

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:
516 So. Spring St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 19 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARTHA ANN FRIEND

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 11 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 5 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Mrs. M. Nelson

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

14. Maiden name Louisa Poor

15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter Heinlaugh

(b) Address Cape Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 29-43
(Month) (Day) (Year)

(c) Place of burial or cremation Friend Cem. Oren Mo

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

(b) Address Cape Girardeau Mo

19. (a) 3-29-43 (Date received local registrar) (b) G. H. Phelps (Registrar's signature)

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. 516 So Spring St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1943 hour 4 minute 0 a. M.

21. I hereby certify that I attended the deceased from Jan 1st 1943, to Mar 27th 1943 that I last saw her alive on Mar 26th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation Duration 3 weeks

Due to seizure

Due to.....

Other conditions 932
(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 E. B. Schuck (M. D. or other).....

Address Cape Girardeau, Mo Date signed 3/27/43

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

MOTHER FATHER

LIVED

District Health Officer No. 4
District File Number 443-2068
Date Filed 4-7-43

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. M. 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.