

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

LED MAY 5 1943

State File No. ....

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 124

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:  
Home 1410 Bloomfield St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: 15 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. 410 Bloomfield St.  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME SOPHIA JOSEPHINE LIMBAUGH

3. (b) If veteran, name war ✓

3. (c) Social Security No. 73

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife James P. Limbaugh 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Jan 15 1863  
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 1 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER

12. Name John P. Austin

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

14. Maiden name Annie Miller

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

16. (a) Informant Will Limbaugh

(b) Address Millersville Mo R.F.D. #1

17. (a) Burial (b) Date thereof April 18, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Limbaugh Cemetery

18. (a) Signature of funeral director Miller

(b) Address Jackson

19. (a) 4-19-43 (b) S. H. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16  
year 1943 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from 4/11 to 4/16, 1943  
that I last saw ee alive on 4/15, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to gtd

Due to

Other conditions (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)

(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 D. Hebborn (M. D. or other)

Address Cape Girardeau Mo Date signed 7/17/43

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

16  
1  
4

MAY 10 1945

MAY 6 1945

JUN 27 1950

# RECEIVED

District Health Officer No. 4  
District File Number 543-2107  
Date Filed 5-4-43

## 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 Gene C. Cascraft  
Licensed Embalmer No. 4327  
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.