V. S. No. 2
DM—9-4-41
ev. 5-17-39
FILED
MAY 10 1943

16
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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

State File No. 13956

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 134

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 - 1108 ~~Road~~ Spanish St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 8 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau 16

(c) City or town Cape Girardeau A 4 (If outside city or town limits, write "RURAL")

(d) Street No. 1108 Spanish St (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Murvia Catherine Strong

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or ~~wife~~ John Strong 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May (Month) 27 (Day) 1875 (Year)

8. AGE: Years 67 Months 10 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Millerville (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Daniel Henderson
13. Birthplace Millerville (City, town, or county) Mo (State or foreign country) 0

MOTHER
14. Maiden name Mary Jane Skaggs
15. Birthplace Fredericktown (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Mrs Gordon Beal

(b) Address Cape Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 26-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Roomer Cemetery

18. (a) Signature of funeral director Spaulding Fun. Home

(b) Address Cape Girardeau Mo

19. (a) 4-29-43 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th year 1943 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from Mar 11, 1943 to Apr 24, 1943 that I last saw her alive on Apr 24, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the Uterus	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

48b

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature George H. Fraker (M. D. or other)

Address Cape Girardeau Date signed 4/28-43

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 543-2203

Date Filed 5-7-43

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 Lyman Steele

Licensed Embalmer No. 2476

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.