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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1943

Registration District No. 53

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3010

State File No. 17514

Registrar's No. 145

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

(d) Length of stay: In hospital or institution 3 days (Specify whether In this community 22 years 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. 1410 Mississippi Ave. (If rural, give location)

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

If yes, name country

16
4

3. (a) PRINT FULL NAME Stella Mae Propst Edwards

3. (b) If veteran, name war

3. (c) Social Security No. 487-12-4548

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Joseph Edwards

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased November 5, 1904 (Month) (Day) (Year)

8. AGE: Years 38 Months 5 Days 29 If less than one day hr. min.

9. Birthplace Bollinger County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Domestic Housework

11. Industry or business

FATHER
12. Name Simon Propst
13. Birthplace Bollinger County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Nora Statler
15. Birthplace Bollinger County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Joseph Edwards

(b) Address Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-43 (Month) (Day) (Year)

(c) Place: burial or cremation Lorimier Cemetary

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 5-5-43 (Date received local registrar) (b) J. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6/1, 1943, to 5/4, 1943 that I last saw her alive on 5/4, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Coma

Due to Diabetes Mellitus

Due to

Other conditions (Include pregnancy within 3 months of death)

61

Major findings:
Of operations

Of autopsy

Duration

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 O. Hedlesingh (M. D. or other)

Address Cape Girardeau, Mo. Date signed 6/5/43

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 643-23

Date Filed 6-7-43

FEB 14 1944

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 Howard L. Hamann

Licensed Embalmer No. 4122

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.