

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 12 1943

Registration District No. 53Primary Registration District No. 3010Registrar's No. 167

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 3121 Independence 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 30 years
 years, months or days

3. (a) PRINT FULL NAME KATHRYN F. MC GARTY

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 _____

7. Birth date of deceased. Nov. 18. 1872
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
70 6 7 hr. min.9. Birthplace Cape Girardeau Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business Home12. Name Peter J. Carroll13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)14. Maiden name Anna Nolan15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)16. (a) Informant Miss Teresa Carroll(b) Address Cape Girardeau Mo.17. (a) Burial (b) Date thereof May 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Old Lorraine Cem.18. (a) Signature of funeral director Walters Und. Co.(b) Address Cape Girardeau Mo.19. (a) 5/28/43 (b) P. H. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau 16
 (c) City or town Cape Girardeau 4
 (If outside city or town limits, write "RURAL")
 (d) Street No. 312 Independence
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1943 hour 11:30 minute 0 M.21. I hereby certify that I attended the deceased from May 25th 1943, to May 25th 1943
that I last saw her alive on May 25th 1943
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Apoplexy. 5 1/2 hoursDue to arteriosclerosis. 2Due to _____ 1Other conditions. 8301
(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 P. H. Phelps (M. D. or other) _____
Address Cape Girardeau Mo. Date signed 5/27/43

Duration

5 1/2 hours

2

1

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 643-23

Date Filed 6-7-43

OCT 17 1958

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 *M. Ferguson*
Licensed Embalmer No. *H 253*
P. O. Address *Cape Girardeau*

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.