

FILED OCT 9 1943

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 288

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

(d) Length of stay: In hospital or institution 4 hrs
(Specify whether years, months or days)

In this community 4 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau

(c) City or town Cape Girardeau R.F.D.#1
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D.#1 Cape Girardeau Mo
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mattie Simmons Marlin

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 Married

6. (b) Name of husband or wife I.E. Marlin

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

7. Birth date of deceased: July 17 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

56. 1. 26. hr. min.

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

10. Usual occupation House Work.

11. Industry or business _____

12. Name Alexander Simmons.

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

14. Maiden name Elizabeth Hughes

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

16. (a) Informant I.E. Marlin.

(b) Address Cape Girardeau Mo.

17. (a) Burial (b) Date thereof 9-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cent.

18. (a) Signature of funeral director Heman's Funeral Home
While at work? (Specify type of place) (e) Means of injury _____

(b) Address Cape Girardeau Mo

19. (a) 9-17-43 (b) P.H. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1943 hour 3 o'clock minute _____ M.

21. I hereby certify that I attended the deceased from Sept 12, 1943, to Sept 13, 1943, that I last saw him alive on Sept 13, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 1 day
Duration

Due to _____

Due to _____

Other conditions Heart Leak and Hypertension
(Include presence within 3 months of death)

Chronic Gall Bladder

Major findings: _____

Of operations _____

Of autopsy PH

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? _____

23. Signature P.H. Phelps (M.D. or other) _____
Address Jackson Mo. Date signed 9-17-43

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

1014

RECEIVED

District Health Officer No. 4
District File Number 1043-2800
Date Filed 10-6-43

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 Howard H. Laman

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.