

FILED FEB 10 1944

State File No.

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 39

1. PLACE OF DEATH:

(a) County. Cape Girardeau
(b) City or town. Cape Girardeau
(c) Name of hospital or institution. St. Francis Ottumpea
(d) Length of stay: In hospital or institution. 2 days
In this community 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Scott 100
(c) City or town. FORT FELT 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME. CAROLYN LEE METHENEY

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

4. Sex. FEMALE 5. Color or race. White 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. DEC 5 1943

8. AGE: Years Months Days If less than one day
1 17 hr. min.

9. Birthplace. CAPE GIRARDEAU MO 0

10. Usual occupation. NONE

11. Industry or business.

12. Name. WILLIAM E. METHENEY
13. Birthplace. CAPE GIRARDEAU MO
14. Maiden name. ALINE QUADE
15. Birthplace. JACKSON MO 0

16. (a) Informant. WM. E. METHENEY
(b) Address. FORT FELT MO

17. (a) BURIAL (b) Date thereof. 1-23-44
(c) Place: burial or cremation. MEMORIAL PARK

18. (a) Signature of funeral director. SEBASTIAN FUN. HOME
(b) Address. CAPE GIRARDEAU MO

19. (a) 1-31-44 (b) F. H. PHILIPS
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. 1 day. 22
year. 1944 hour. 6:00 minute. M.

21. I hereby certify that I attended the deceased from 1/10/44 to 1/22/44
that I last saw him alive on 1/21/44
and that death occurred on the date and hour stated above.

Immediate cause of death. Pertussis Bronchopneumonia

Due to

Due to

Other conditions. none

Major findings: Of operations. 9

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury.

23. Signature. F. B. Lee M.D. (M. D. or other)
Address. Leans mo Date signed. 1/26/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 244-3413
Date Filed 2-9-44

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.....

Not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed *Lymard 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.