

FILED MAR 10 1944

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 68

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:
1514 Good Hope St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Months (Specify whether years, months or days)
In this community 7 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 1514 Good Hope St
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillian F. Downing

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

7. Birth date of deceased Nov. 16, 1918 (Month) (Day) (Year)

8. AGE: Years 25 Months 2 Days 28 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Harry H. Henry

13. Birthplace Michigan (City, town or county) (State or foreign country)

14. Maiden name Lillian Pokman

15. Birthplace St. Louis Mo. (City, town or county) (State or foreign country)

16. (a) Informant Mrs. Harry Henry

(b) Address Cape Girardeau Mo.

17. (a) Burial (b) Date thereof 2-18-44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo.

18. (a) Signature of funeral director Walthers Und. Co. (b) Address Cape Girardeau Mo.

19. (a) 2-17-44 (Date received local registrar) (b) V. M. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb - day 14 year 1944 hour 7 A minute M.

21. I hereby certify that I attended the deceased from 6/20 1943 to 2/14 1944

that I last saw her alive on 2/16 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 12 ft

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 D. Heebaupt (M. D. or other) _____ Address Cape Girardeau Mo. Date signed 2/17/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16
1
4

.....
District Health Officer No. 4
District File Number 344-3529
Date Filed 3-9-44

SEP 29 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 Virgil H. Welch
Licensed Embalmer No. 4102
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.