S. No. 2
OM—2-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6770

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 81

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community: 40 years

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.: 214 N. Ellis (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Rose B Gordon
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: Joseph
6. (c) Age of husband or wife if alive: 79 years
7. Birth date of deceased: July (Month) 10 (Day) 1875 (Year)

8. AGE: Years 68 Months 7 Days 10 If less than one day: hr. min.

9. Birthplace: Cape Girardeau (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: School Librarian
MOTHER FATHER
12. Name: Bernard Bremmerman
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Wilhemina Luchmann
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Dorthy Knapp
(b) Address: Cape Girardeau Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairmount
18. (a) Signature of funeral director: Joe B Stancel
(b) Address: Cape Girardeau Mo
19. (a) 3-1-44 (Date received local registrar) (b) H. H. Phillips (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1944 hour 8 minute -A M.
21. I hereby certify that I attended the deceased from Feb 1 1944 to Feb 20 1944 that I last saw her alive on Feb 20-1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute heart failure — Duration
Due to: Synechia, nearly total of both pleura.
Due to: and tuberculosis?
Other conditions (Include pregnancy within 3 months of death): 20
Major findings: Of operations:
Of autopsy: Synechia of pleurae Tubercles of Kidneys.

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: Carl A. Zimmerman (M. D. or other)
Address: Cape Girardeau, Mo. Date signed: 2/21/44

1014

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 344-354
Date Filed 3-9-44

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~~ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed C. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cope, Georgia

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.