

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

FILED APR 10 1944

State File No. _____

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 95

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: Southeast Mo Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)
In this community 14 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Daisy
(If outside city or town limits, write "RURAL")
(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

Cobble, No RA

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 single

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

7. Birth date of deceased June 3, 1939
(Month) (Day) (Year)

8. AGE: Years 4 Months 9 Days 0
If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Richard T. Cobble

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

14. Maiden name Barbara Penning

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

16. (a) Informant Richard T. Cobble

(b) Address Daisy Mo

17. (a) Burial (b) Date thereof Mar 4, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem

18. (a) Signature of funeral director J. Miller

(b) Address Daisy Mo

19. (a) 3-6-44 (b) H. W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 13
year 1944 hour six minute 6 A.M.

21. I hereby certify that I attended the deceased from Feb. 18 - 1944 to Mar 3 1944
that I last saw her alive on Mar 2nd 1944
and that death occurred on the date and hour stated above.

Immediate cause of death extensive accidental laceration of body
falling backwards into a bucket of hot water
Due to _____
Due to _____

Duration

24 days

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) Accident 115

(b) Date of occurrence Feb. 18th 1944 County _____

(c) Where did injury occur? at her home, Cape Girardeau Mo.
(City or town) (County) (State)

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

While at work? no (Specify type of place) (e) Manner of injury Burn

23. Signature J. Schultz (M. D. or other) _____

Address Cape Girardeau, Mo. Date signed 3/3/44

RECEIVED
District Health Officer No. 4
District File Number 44-3
Date Filed 4-7-4

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 *Thos. K. Allen*
Licensed Embalmer No. *40555*
P. O. Address *Jackson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.