

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 118

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:
310 N. Pacific 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days 4 days

3. (a) PRINT FULL NAME IDA C REIF
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married 2 divorced Widowed
 6. (b) Name of husband or wife A. C. Reif
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov - 22 - 1864
 (Month) (Day) (Year)

8. AGE: Years 79 Months 14 Days 1
 If less than one day _____ hr. _____ min.

9. Birthplace Manchester Ohio 1
 (City, town, or county) (State or foreign country)

10. Usual occupation ✓ Huuf

MOTHER FATHER

11. Industry or business _____
 12. Name Samuel F Collins
 13. Birthplace Manchester Ohio 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Stout
 15. Birthplace Manchester Ohio 1
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Blanche Vandorst
 (b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof 3-24-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mausoleum

18. (a) Signature of funeral director J. B. Howell
 (b) Address Cape Girardeau Mo

19. (a) 4-3-44 (b) F. H. Phelps
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) county Cape Girardeau
 (c) City or town Cape Girardeau 4
 (If outside city or town limits, write "RURAL")
 (d) Street No. 310 North Pacific 4
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
 year 1944 hour 10 minute 30 P. M.
 21. I hereby certify that I attended the deceased from March 22
 1944 to March 22 1944
 that I last saw h. alive on March 22 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to _____
 Due to _____

Duration
18 hrs
18

Other conditions (Include pregnancy within 3 months of death)
 Major findings: 83a!
 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) _____
 (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 J. W. Berry (M. D. _____)
 Address Cape Girardeau Mo Date signed 3-23-44

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

Sanitary Health Officer, No. 4
District File Number 444-3677
Date Filed 4-7-44

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 W. H. Estes
Licensed Embalmer No. 3568
P. O. Address Cape Girardeau

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.