

FILED JUN 8 1944

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 165

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 Missouri Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 In this community 3 days
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Shirley Ann Lincoln
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FM 5. Color or race white 6. (a) Single, widowed, married, divorced Baby
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Sept 26, 1942
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 7 4 hr. min.

9. Birthplace Cape Girardeau County, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Marion Odell Lincoln
 13. Birthplace Dunklin County, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Eula Fern Trentham
 15. Birthplace Bollinger County, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Rev. W. M. Trentham
 (b) Address Bessville, Missouri

17. (a) BURIAL (b) Date thereof 5/2/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hurricane Cemetery

18. (a) Signature of funeral director Robert E. Drumm
 (b) Address Lutesville, Missouri

19. (a) 5-15-44 (b) F. H. Phelps
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger
 (c) City or town Rural
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
 year 1944 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from April 28, 1944 to April 30, 1944;
 that I last saw her alive on April 29, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Streptococcus meningitis 4 days
 Due to Secondary to acute respiratory infection with suppurative bilateral otitis media
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN J. A.
 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) (c) Means of injury _____

23. Signature H. Cochran (M. D. or other) _____
 Address Cape Girardeau, Mo. Date signed 5/2/44

RECEIVED

District Health Officer No. 4

District File Number 644-

Date Filed 6-7-

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..... *Glen Wilson*.....

Licensed Embalmer No. *2828*.....

P. O. Address. *Jackson Miss*.....

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.