

FILED AUG 9 1944

Primary Registration District No. 3010

Registrar's No. 242

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 & location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger  
(c) City or town Marble Hill (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 Un-named

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FM 5. Color or race w 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 July 20 1944  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Dorman C. Elledge  
13. Birthplace Bollinger Co. Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Hester Cradet  
15. Birthplace Bollinger Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Barbara Cradet  
(b) Address Marble Hill Mo.

17. (a) Burial (b) Date thereof 7-22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Marble Hill, Mo.

18. (a) Signature of funeral director Robert B. Truman  
(b) Address Ruteville Mo.

19. (a) 8-1-44 (b) J. H. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
year 1944 hour 5 minute 15.0 M.

21. I hereby certify that I attended the deceased from July 20  
1944 to July 22 1944;  
that I last saw her alive on July 21 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary atelectasis 6 hrs

Due to Premature birth (5 mo)

Due to ?

Other conditions 159  
(Include pregnancy within 3 months of death)

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 T. E. Ruff (M. D. or other) MD  
Address Jackson Mo Date signed 7-25-44

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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

4

RECEIVED

District Health Officer No. 4  
District File Number 844-4195  
Date Filed 8-8-44

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.....

*Not Embalmed*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Robert E. Drum* Funeral Director

Licensed Embalmer No.....

P. O. Address.....

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.