S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1944

Registration District No. 53

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27433

Primary Registration District No. 3010

Registrar's No. 250.

16 / 1 / 4

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: St. Francis Hospital
(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: 2 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.: 334 S. Fountain St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: ----------

3. (a) PRINT FULL NAME: Hattie Mack

3. (b) If veteran, name war: ----------

3. (c) Social Security No.: ----------

4. Sex: Female

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Johnnie Mack

6. (c) Age of husband or wife if alive: 41 years

7. Birth date of deceased: August 22, 1907 (Month) (Day) (Year)

8. AGE: Years 36 | Months 11 | Days 10 | If less than one day: hr. min.

9. Birthplace: Bisco, Arkansas (City, town, or county) / (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: ----------

FATHER
12. Name: A. J. Presberry
13. Birthplace: Bisco, Arkansas (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name: Minnie Linear
15. Birthplace: Bisco, Arkansas (City, town, or county) / (State or foreign country)

16. (a) Informant: Johnnie Mack
(b) Address: 334 S. Fountain, Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 6, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairmont Cemetery

18. (a) Signature of funeral director: F. J. Sparks
(b) Address: Cape Girardeau, Mo.

19. (a) 8-5-44 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1 year 1944 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 29, 1944, to Aug. 1, 1944; that I last saw her alive on Aug. 1, 1944, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis	36 hrs
Due to: Cesarian Section	
Due to: Uterine inertia, fibrosis of uterus	
Other conditions: Pregnancy at term. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Generalized fibrosis of uterus with no adenomyomas
Of autopsy: None

149 b

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: 0

23. Signature: Thomas J. Jones, MD (M. D. or other)
Address: 630 Good Hope, Cape Girardeau. Date signed 8/5/44

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 944-4266
Date Filed 9-7-44

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Guardeau Mo

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.