S. No. 2
M—8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30675

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 320.

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

6
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: S.E. Mo Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months (Specify whether

In this community 68 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape 16

(c) City or town Cape Girardeau (If outside city or town limits, write "RURAL") 1

(d) Street No. 603 Merriweather (If rural, give location) 4

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

If yes, name country n

3. (a) PRINT FULL NAME Caroline K Werner

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 Married

6. (b) Name of husband or wife August

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

7. Birth date of deceased Sept (Month) 18 (Day) 1875 (Year)

8. AGE: Years 68 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation Hwf.

11. Industry or business —

FATHER
12. Name Aug Ristig n
13. Birthplace Cape County, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Burnes n
15. Birthplace Cape Girardeau Mo (City, town, or county) (State or foreign country)

16. (a) Informant Aug. Werner

(b) Address Cape Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 8 44 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J Howell

(b) Address Cape Girardeau Mo

19. (a) 10-5-44 (Date received by registrar) (b) F.W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 6th

year 1944 hour 10 minute 22 p.M.

21. I hereby certify that I attended the deceased from July 28, 1944, to Sept 6, 1944, that I last saw her alive on Sept 6, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

830

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

23. Signature O L Leabough (M. D. or other)

Address Cape Girardeau, Mo. Date signed 10/1/44

1014

(Licensed Embalmer's Statement on Reverse Side)

MAR 9 1948

0108

RECEIVED

District Health Officer No. 4

District File Number 1044-4425

Date Filed 10-9-44

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. 3588

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. [illegible]