

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 51

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

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 6 weeks  
(Specify whether years, months or days)

In this community 6 weeks  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry

(c) City or town Lithium  
(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 Laura Melina Druff

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 4  
year 1945 hour 9 minute 45 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Christian Druff 6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased Feb. 8, 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/25 1944 to 1/4 1945  
that I last saw her alive on 1/4 1945  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>26</u>	hr. _____ min. _____

Immediate cause of death MYOCARDITIS

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Housewife

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

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

12. Name Hagan

13. Birthplace Perry County Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Hannelle Manning

15. Birthplace Perry County Mo.  
(City, town, or county) (State or foreign country)

Major findings: Of operations 131

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Christian Druff

(b) Address Lithium, Mo.

17. (a) Burial (b) Date thereof 1-8-1945  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Home Cemetery

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 \_\_\_\_\_

18. (a) Signature of funeral director Ray General Hand

(b) Address Perryville, Mo.

19. (a) 1-9-45 (b) H. J. Phelps  
(Date received local registrar) (Registrar's signature)

23. Signature A. D. Smith (M. D. or other) MD

Address Cape Girardeau Date signed 1/6/45

RECEIVED

District Health Officer No. 4  
District File Number 245-210  
Date Filed 2-7-45

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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.....

Licensed Embalmer No. 3866

P. O. Address Perryville, 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.