

FILED FEB 5 1945

Registration District No. 57

Primary Registration District No. 3009

Registrar's No. 1

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Jackson mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Jackson mo (If outside city or town limits, write "RURAL") 16
(d) Street No. 2 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ETHEL MARIE PAPPAS

3. (b) If veteran, name war: _____ 3. (c) Social Security No. 377-03-4892

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife NUK PAPPAS 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Feb 26 1905 (Month) (Day) (Year)

8. AGE: Years 39 Months 10 Days 19 If less than one day hr. _____ min. 0

9. Birthplace White Water Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation _____

11. Industry or business Sales Lady

12. Name Albert Ginter

13. Birthplace White Water Mo (City, town, or county) (State or foreign country) 0

14. Maiden name Eta Bernathy (State or foreign country) 0

15. Birthplace Ellenwille Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. W. Schrader

(b) Address Jackson Mo

17. (a) Burial (b) Date thereof 1/18/45 (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director McComb Funeral Co.

(b) Address Jackson Mo

19. (a) Jan 18 1945 (Date received local registrar) (b) J.H. Keshner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1945 hour _____ minute _____ M. X

21. I hereby certify that I attended the deceased from Sept 1944 to Jan 20 1945 that I last saw her alive on Jan 18 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of spine Duration 2 mon

Due to Carcinoma of thyroid 6 mon

Due to Hypertrophic thyroid 4 yrs

Other conditions Syphilis 15 yrs

Major findings: Of operations lymph Of autopsy _____

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? _____

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 1-17-45

FEB 16 1945
AUG 12 1945

ED

Health Officer No. 4
File Number 245-156
Date filed 2-6-45

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 *Thos. K. Allen*
Licensed Embalmer No. *40555-*
P. O. Address *Jackson*

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.

Registration District No. 53

Primary Registration District No. 2009

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Jackson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

3. (a) PRINT FULL NAME Ethel M. Pappan

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

4. Sex F 5. Color or race W 6. (a) Single, Married (widowed, married, divorced)

6. (b) Name of husband or wife Rich 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased: Feb 26 (Month) (Day) (Year)

8. AGE: Years 39 Months 10 Days _____ If less than one day, _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) mo

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) J. H. Keister (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

APR 12 1968