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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 # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 68 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth Matilda Raybourn

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 J. W. Raybourn 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 26th 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>10</u>	<u>0</u>	hr. _____ min.

9. Birthplace Marble Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name John McLain

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

14. Maiden name Elizabeth Brown

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Raybourn

(b) Address Cape Girardeau, R.F.D. # 1

17. (a) Burial (b) Date thereof 2-28-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lorimier Cemetery

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau Missouri

19. (a) 3-2-45 (b) H. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural 16
(If outside city or town limits, write "RURAL")
(d) Street No. Cape R.F.D. # 1 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26th
year 1945 hour 1 minute 56 P.M.

21. I hereby certify that I attended the deceased from 2-22-45 to 2-26-45
that I last saw him alive on 2-26, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Ch.

Due to _____
Due to _____

Other conditions Broncho-Pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Asst

Duration _____
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 Ch. Smith (M. D. or other) MD
Address Cape Girardeau Date signed 3/2/45

1014

RECEIVED

District Health Officer No. 4
District File Number 345-33
Date Filed 3-6-45

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 R. P. Hanman

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau, Missouri

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.