

No. 2  
8-43  
5-17-39  
X37823

FILED APR 13 1945

Registration District No. 53

Primary Registration District No. 3010

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:  
609 South Ellis Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 35 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau 16  
(If outside city or town limits, write "RURAL")

(d) Street No. 609 South Ellis Street 14  
(If rural, give location)

(e) Citizen of foreign country? No 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mattha M. Vandygraph

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 Charles Vandygraph 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 29th 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

|    |   |   |                      |
|----|---|---|----------------------|
| 51 | 0 | 5 | _____ hr. _____ min. |
|----|---|---|----------------------|

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

10. Usual occupation Housework

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

MOTHER FATHER { 12. Name Charles Vance

13. Birthplace Don't Know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Rosetta Adkins

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

16. (a) Informant Charles Vandygraph

(b) Address Cape Girardeau, Missouri.

17. (a) Burial (b) Date thereof 3-06-1945  
(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) 3-8-45 (b) F. H. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th  
year 1945 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from 3/1  
1945 to 3/4 1945

that I last saw her alive on 3/4 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 145

Due to Hypertension

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 83

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 F. H. Phelps (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau Date signed 3/7/45

RECEIVED

District Health Officer No. 4

District File Number 445-40

Date Filed 4-9-45

STATEMENT BY LICENSED EMBALMER

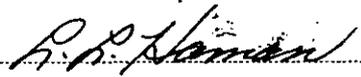
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Lee Townes

....., Registered Apprentice No. 376

working under my personal supervision.

Signed.....



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.**