

FILED APR 15 1946

State File No. _____

Primary Registration District No. 3045

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Alva Renfro, Nursing Home 4
(If not in hospital or institution, write street number and location)
6 mos.

(d) Length of stay: In hospital or institution 6 mos. (Specify whether years, months or days)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

Missouri

(a) State Missouri (b) County Cape Girardeau

(c) City or town Gordonville (Rural) 16
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1 0
(If rural give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Hattie Lee

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Charles Lee 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 15, 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Smith County, Arkansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

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 Silas Cardwell

(b) Address R. 1, Gordonville, Mo.

17. (a) Removal (b) Date thereof March 10, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shady Grove Cemetery

18. (a) Signature of funeral director F. D. Sparks

(b) Address Cape Girardeau, Missouri

19. (a) 4/11/45 (b) Mrs. Tom M...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1946 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11-5- to 3-9- 1945
that I last saw her alive on 3-9- 1945
and that death occurred on the date and hour stated above.

Immediate cause of death:
Hypertensive Heart Disease 8 mos.
Left Hemiplegia

Due to Chronic Nephritis 10 mos

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 12/15

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? _____

While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature W. A. Jungel (M. D. or other) _____

Address 204 S. Locust St. Charleston, Mo. Signed 3-11-45

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

17
1
2

1257

RECEIVED

District Health Office No. 2,

District File Number 445-589

Date Filed 4/14/45

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 Frank Sparks

Licensed Embalmer No. 3450

P. O. Address Cape Girardeau 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.