

FILED JUN 11 1945

State File No. _____

Registration District No. 3

Primary Registration District No. 5183

Registrar's No. 111

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

16
0

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Jackson Rural Brydztw
(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 Lizzie Sawyer Mouser

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race White

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife L. Milton Mouser

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Oct. 16 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Cape Girardeau MO. D
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Wm. Sawyer 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Polly Thomas 9

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant L. Milton Mouser

(b) Address Jackson Mo

17. (a) Burial (b) Date thereof 5-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director Wilson Staller Sealough

(b) Address Jackson Mo

19. May 11 1945 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Jackson Rural 16
(If outside city or town limits, write "RURAL") 1

(d) Street No. _____ (If rural, give location) 6

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 6
year 1945 hour 11 minute A M.

21. I hereby certify that I attended the deceased from 11-18 1944 to 5-6 1945
that I last saw her alive on 5-6 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Hemorrhage
Carcinoma of the Stomach

Due to _____

Due to _____

Other conditions Hypertension
(Include pregnancy, within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations ✓

Of autopsy ✓

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 Alferon Estep (M. D. or other) Mo
Address Jackson Mo Date signed 5-8-45

1116

RECEIVED

District Health Officer No. 4

District File Number 645-733

Date Filed 6-8-45

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.