

S. No. 2
M-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23657

State File No. _____

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 232

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town _____
(c) Name of hospital or institution: St. Francis Hospital
(d) Length of stay: In hospital or institution 13 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(d) Street No. 127 1/2 South Spanish
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME JUDITH ANN PLEDGER
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 10 year 1945 hour 7 minute NA M.
21. I hereby certify that I attended the deceased from July 10 1945 to July 23 1945
that I last saw her alive on July 22 1945
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Mar. 60
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Status Lymphaticus
Due to Enlarged thymus gland 13 days

7. Birth date of deceased July 10 - 1945
(Month) (Day) (Year)

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

8. AGE: Years _____ Months 13 If less than one day _____ hr. _____ min.

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

Major findings: Of operations 64
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation _____
11. Industry or business _____
12. Name Ben Pledger
13. Birthplace Beaton Ala
14. Maiden name Marjorie Carrell
15. Birthplace Johnton City Ill

16. (a) Informant Ben Pledger
(b) Address Cape Girardeau Mo
17. (a) General (b) Date thereof 7-24-45
(c) Place: burial or cremation _____
18. (a) Signature of funeral director Joe B. Howell
(b) Address Cape Girardeau Mo
19. (a) 7-24-45 (b) G. H. Phelps
(Date received local registrar) (Registrar's signature)

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? _____
(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 J. H. Cochran (M. D. _____)
Address Cape Girardeau MO Date signed 7/24/45

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

16
1
4

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 845-992

Date Filed 8-10-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.