S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2383

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 18

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

6
1
4
362

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: StFrancis Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hours (Specify whether

In this community 12 Hrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir. 16

(c) City or town Jackson 2 (If outside city or town limits, write "RURAL")

(d) Street No. Elmwood Blvd. 1 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Iola Hinkle Statler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W V

6. (b) Name of husband or wife Dr.W.K.Statler

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

7. Birth date of deceased December (Month) 25 (Day) 1887 (Year)

8. AGE: Years 58 Months 0 Days 19 If less than one day hr. min.

9. Birthplace OakRidge (City, town, or county) Missouri (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name P.M.Hinkle
13. Birthplace OakRidge (City, town, or county) Missouri (State or foreign country) V

MOTHER
14. Maiden name Jennie Jenkins
15. Birthplace OakRidge (City, town, or county) Missouri (State or foreign country) 1

16. (a) Informant W.O.Statler

(b) Address Jackson Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-1946 (Month) (Day) (Year)

(c) Place: burial or cremation OakRidge Mo.

18. (a) Signature of funeral director Wilson-Statler-Seabaugh

(b) Address Jackson Mo.

19. (a) 1-16-1946 (Date received local registrar) (b) C.C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month January day 14 year 1946 hour 5 minute A.M.

21. I hereby certify that I attended the deceased from December 1, 1945, to January 15, 1946; that I last saw her alive on January 13, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac decompensation

Due to (1) Chronic myocarditis

Due to (2) Hypertension (Arterio-Sclerotic Type)

Other conditions (3) Coronary Sclerosis (Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
✓
Of autopsy 938

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 Albert M. Estes (M. D. or other) MD

Address Jackson Mo Date signed 1-14-46

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(Licensed Embalmer's Statement on Reverse Side)

Officer No. 4
246-1652
2-7-46

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.