

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. _____ Primary Registration District No. 3009

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Jackson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 80 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 375 So Benton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JULIA CATHARINO LARINOC
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 Widowed
6. (b) Name of husband or wife A. J 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 5 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 7 year 1946 hour 12 minute 45 M.
21. I hereby certify that I attended the deceased from Feb 1 1946 to Feb 7 1946, that I last saw her alive on Feb 7 1946 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>2</u>	<u>2</u>	hr. _____ min.

Immediate cause of death: Coronary Thrombosis 12hr
Due to Coronary Sclerosis 39yr
Due to _____

9. Birthplace Lebanon Mo (I)
(City, town, or county) (State or foreign country)

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

11. Industry or business _____
12. Name John Martin
13. Birthplace Cape County 0
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Beck
15. Birthplace Cape County 0
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy 940
Underline the cause to which death should be charged statistically.

16. (a) Informant A. P. Lammell
(b) Address Cape Girardeau Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-46
(Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Joe E. Howell
(b) Address Cape Girardeau Mo
19. (a) 2-14-46 (Date received local registrar) (b) D. G. Subit (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? _____ (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) (c) Means of injury _____
23. Signature T. E. Ruff (M. D. or other) MD
Address Jackson Mo Date signed 2-12-46

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

3870

Puff

Officer No. 4
File Number 346-1864
Date Filed 3-11-46

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: W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.