S. No. 2
M—5-43
5-17-39
I X36871

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12459

FILED MAY 5 1946

Registration District No. 58 Primary Registration District No. 3010 Registrar's No. 121

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: ST. FRANCIS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)
In this community 2 WEEKS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County MADISON 62
(c) City or town FREDERICKTOWN 1
(If outside city or town limits, write "RURAL")
(d) Street No. — 1
(If rural, give location)
(e) Citizen of foreign country? — 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FANNIE D. CHRISTOPH.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEB (Month) 9 (Day) 1869 (Year)

8. AGE: Years 77 Months 1 Days 26 If less than one day hr. min.

9. Birthplace LIBERTYVILLE (City, town, or county) MO (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business HOUSEWORK
MOTHER FATHER
12. Name MICHAEL DE GUIRE
13. Birthplace LIBERTYVILLE (City, town, or county) MO (State or foreign country)
14. Maiden name JENNIE BLANTON
15. Birthplace LIBERTYVILLE (City, town, or county) MO (State or foreign country)
16. (a) Informant MRS. E. D. SUMNER
(b) Address GASTONIA N.C.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown Mo.
18. (a) Signature of funeral director Walthers Und. Co.
(b) Address Cape Girardeau Mo
19. (a) 4-6-1946 (Date received local registrar) (b) C. C. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month [redacted] day 4/5/46
year hour 5 minute 25 A.M.
21. I hereby certify that I attended the deceased from 3/20 46 to 4-5 19 46
that I last saw alive on 4-4 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
MYOCARDITIS
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) PNEUMONIA (Hypostatic) PHLEBITIS
Major findings:
Of operations
Of autopsy

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 0

23. Signature [illegible] (M. D. or other) MD
Address Cape Girardeau Date signed 4/5/46

44 (Licensed Embalmer's Statement on Reverse Side)

EIVED

alth Officer No. 4

e Number 546-205

d 5-7-46

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 Virgil H. Welch

Licensed Embalmer No. 4102

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.