

FILED MAY 8 1946

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 153

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau *In city*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1468 North Water Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 17 years
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. 1468 North Water St. City
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bertha Elizabeth Macke

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 Julius Macke 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 26th 1870
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 12 If less than one day
hr. _____ min. _____

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

10. Usual occupation House work

11. Industry or business none

MOTHER FATHER { 12. Name Don't Know
13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Rethor Macke
(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 4-10-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions M.E. Cemetery

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau Missouri

19. (a) 5-7-1946 (b) G. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
year 1946 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from Feb. 2
1946 to April 8 1946
that I last saw h. alive on about date 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
1314

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. W. Murphy (M. D. or other)

Address Cape Girardeau Date signed May 4, 1946

RECEIVED

District Health Officer No. 4
District File Number 546-2090
Date Filed 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..... *Herold L. Haman*

Licensed Embalmer No..... 4122

P. O. Address..... Cape Girardeau, Missouri

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.