

FILED NOV 3 1946

State File No. _____

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 349

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:
Southeast Mo. Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 2 hours
(Specify whether
In this community 36 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. 1415 Themis Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Alice Elizabeth Mayer

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 Single

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

7. Birth date of deceased March 12th 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 7 8 hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

12. Name Ed Mayer

13. Birthplace Sullivan Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mayme Elfrink

15. Birthplace Marble Hill Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Mayer

(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 10-23-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L.L. Haman
(b) Address Cape Girardeau, Missouri

19. (a) 10-26-1946 (b) E.C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th
year 1946 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above

Immediate cause of death Fracture of the frontal bone of the skull and fracture of the upper cervical vertebrae
Due to _____

Due to falling and striking her head on a concrete bedrock

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

Major findings:
Of operations _____

Of autopsy 10/26/46

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) Accident 115

(b) Date of occurrence October 20, 1946

(c) Where did injury occur? Cape Girardeau, Cape Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place?
at her home 1415 Themis St.

While at work? No (Specify type of place) (e) Means of injury Concrete bedrock

23. Signature Dr. J. F. Legumina (M. D. or other)

Address Jackson Mo Date signed 10/27/46

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

31782

117

X35697

RECEIVED

District Health Officer No. 4

District File Number 1046-2808

Date Filed 10-28-46

JUL 23 1948

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 *Howard B. Haman*

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Misso

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.