

FILED NOV 19 1946

Registration District No. 53

Primary Registration District No. 3010

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

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: S. G. Masonic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME MARIE McDERMOTT

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased Jan 13 - 1903
(Month) (Day) (Year)

8. AGE: Years 43 Months 9 Days 18
If less than one day hr. _____ min. _____

9. Birthplace Alexander Co Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Tom Craig

13. Birthplace Hyden Ill
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Westbury

15. Birthplace Jonesboro Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Craig
(b) Address McClure Ill

17. (a) Burial (b) Date thereof Nov 3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lindsay Cemetery
18. (a) Signature of funeral director Elmer J. Jell
(b) Address Angola Ill

19. (a) 1-13-1946 (b) G. G. Sumner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 18 day Nov 46
year 1946 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 29, 1946, to Nov 1, 1946
that I last saw her alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to Cholesterol

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

Major findings: Of operations atp
Of autopsy _____

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 J. W. Berry (M. D. or other) _____
Address Cape Girardeau Date signed 11-12-46

Physician
Duration 1 day
Underline the cause to which death should be charged statistically.

RECEIVED

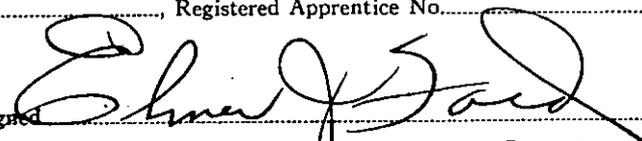
District Health Officer No. 4
District File Number 1146-2864
Date Filed 11-18-46

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



Licensed Embalmer No. 4540

P. O. Address Dongola Ill

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.