

FILED JAN 7 1947 92

Registration District No.

Primary Registration District No.

3009

Registrar's No.

99

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 South 4th West St. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Gir 16  
(c) City or town Jackson 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Ethel L. Obermiller

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 married

6. (b) Name of husband or wife T.H. Obermiller

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Nov 29 1880  
(Month) (Day) (Year)

8. AGE:

Years 66 Months 0 Days 29  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace

near Fruitland Mo. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation

housewifery

11. Industry or business

12. Name

J.C. Davis

13. Birthplace

Fruitland, Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name

Virginia Alexander

15. Birthplace

Fruitland Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant

T.H. Obermiller

(b) Address

Jackson Mo.

17. (a)

Burial  
(Burial, cremation, or removal)

(b) Date thereof

12-21-1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director

W.L. Grubbs

(b) Address

Jackson Mo.

19. (a)

12-27-46  
(Data received local registrar)

(b)

D.B. Suber  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 19 day 19  
year 1944 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from Oct 1 1946 to Dec 19 1946  
that I last saw her alive on Dec 19 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Colon

Due to Heart Failure

Due to \_\_\_\_\_

Other conditions none  
(Includes pregnancy within 3 months of death)

Major findings: Of operations Carcinoma Colon

Of autopsy NO

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 0

23. Signature D.P. Ledwith (M. D. or other) \_\_\_\_\_  
Address Jackson Mo Date signed 12-21-46

Duration of illness 3 mos. to 1 year  
Knowledge \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

