

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

1. PLACE OF DEATH:

(a) County Cape Girardeau Mo

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: South East Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether)

In this community 70 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Cape

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")

(c) Street No. 222 Magnolia Oak
(If rural, give location)

(d) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Flarance Hartzell Oliver

(b) If veteran, name war ✓

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2
year 1947 hour 7:30 minute A.M.

21: I hereby certify that I attended the deceased from Jan 15, 1947 to Feb 2, 1947
that I last saw h. ER alive on Feb 2, 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased: July 21 - 1892
(Month) (Day) (Year)

Immediate cause of death: Perniciou anemia
Re I.A.P.S.E.

Due to RBC. 1,000,000

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

8. AGE: Years 74 Months 6 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Bourbon Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

Major findings: 93A

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name James M Hartzell

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

14. Maiden name Joe Lanthorn

15. Birthplace Bever Falls Peoria
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Hartzell

(b) Address Kansas City Mo

17. (a) Burial (b) Date thereof 2-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Larimer

18. (a) Signature of funeral director Joe W. Howell

(b) Address Cape Girardeau Mo

19. (a) 2-11-1947 (b) G. C. Summer
(Date received local registrar) (Registrar's signature)

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 1

23. Signature Edward Campbell D. or other MD

Address Cape Girardeau Mo Date signed 2-10-47

MAY 16 1947

RECEIVED

District Health Officer No. 4
District File Number 247-2
Date Filed 2-17-47

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 W. H. Ester

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.