

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12715

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 146

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 Missouri
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 (Specify whether years, months or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County Union 999
 (c) City or town Jonesboro, Ill. 11
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME Margie Ussery
 3. (b) If veteran, name war. No.
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 29
 year 1947 hour 10 minute 20 P.M.
 21. I hereby certify that I attended the deceased from 1:30 P.M.
 April 29 1947 to 10:20 P.M. April 29 1947
 that I last saw her alive on April 29 1947
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White
 6. (a) Single, widowed, married, divorced, Widowed
 (b) Name of husband or wife Nathaniel Ussery
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Sept 2 1886
 (Month) (Day)

Immediate cause of death Diabetic acidosis and coma
 Duration 4 days
 Due to Diabetes mellitus

8. AGE: Years Months Days If less than one day
 60 7 27 hr. min.

Due to Diabetic mellitus
 Other conditions (Include pregnancy within 3 months of death) 61
 Major findings: Of operations
 Of autopsy

9. Birthplace Union County, Ill.
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife
 11. Industry or business Home
 12. Name Don't Know 9
 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)

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 0

16. (a) Informant Charles Ussery
 (b) Address Ware, Ill.
 17. (a) Burial (b) Date thereof 5/2/47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cape Girardeau

23. Signature Charles F. Wilson (M. D. or other) M.D.
 Address 727 Broadway Date signed May 1 1947

18. (a) Signature of funeral director Cecil Kern
 (b) Address Jonesboro, Ill.
 19. (a) 5-5-1947 (b) C. G. Summers
 (Date received local registrar) (Registrar's signature) 114

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 547-676

Date Filed 5-12-47

APR 19 1947

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.....

Paul Harris

....., Registered Apprentice No.

working under my personal supervision.

Signed *Paul Harris*.....

Licensed Embalmer No. 4900

P. O. Address Tombrow, 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.