

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED MAY 27 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16761**

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **168**

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: **731 Independence**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7.0** years, months or days (Specify whether 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. **731 Independence**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Carrie Albertus**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Charles** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept 14 1873**
(Month) (Day) (Year)

8. AGE: Years **70** Months **7** Days **11** If less than one day hr. min.

9. Birthplace **Egypt Mills Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **House work**

11. Industry or business _____

MOTHER FATHER { 12. Name **George Kassel**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Amelie Bedford**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Kassel**
(b) Address **Cape Girardeau Mo**

17. (a) **Buriel** (b) Date thereof **4 28 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairmont cemetery**

18. (a) Signature of funeral director **C. G. Sumner**

(b) Address **Cape Girardeau Mo**

19. (a) **5-19-1947** (b) **C. G. Sumner**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **25** year **1947** hour **II** minute **50** &

21. I hereby certify that I attended the deceased from **Feb. 20** 19**47**, to **Apr. 25** 19**47**, that I last saw her alive on **Apr. 23** 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac decompensation**

Due to _____

Due to _____

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

Major findings: Of operations **NO** Of autopsy _____

Duration

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) _____

(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 **2**

23. Signature **C. G. Sumner** (M. D. or other) **Dr**
Address **Cape Girardeau Mo** Date signed **4*25-47**

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

RECEIVED

District Health Officer No. 4
District File Number 547-737
Date Filed 5-26-47

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 Joe Howell

Licensed Embalmer No. 3390

P. O. Address Cape

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.