

Registration District No. 23 Primary Registration District No. 3010

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(c) Name of hospital or institution: Family Home
(d) Length of stay: In hospital or institution 10 years
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape
(c) City or town Cape Girardeau
(d) Street No. 228 N. Frederick
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Elizabeth Palack
3. (b) If veteran name war No
3. (c) Social Security No. _____
4. Sex female 5. Color or race w
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Gus
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Nov 6 1878

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 13
year 1947 hour 5:00 minute 00
21. I hereby certify that I attended the deceased from June 1946 to May 13 1947.
that I last saw her alive on May 16 1947.
and that death occurred on the date and hour stated above.
Immediate cause of death: Carcinoma of the Breast
Duration 1 yr.

8. AGE: Years 48 Months 6 Days 7
9. Birthplace Mayfield Ky.
10. Usual occupation Housewife
11. Industry or business _____
12. Name Gregory Omeal
13. Birthplace _____
14. Maiden name Annie Jackson
15. Birthplace _____
16. (a) Informant Gus Palack
(b) Address 228 N. Frederick
17. (a) Burial (b) Date thereof 5-4-47
(c) Place: burial or cremation Linn Cemetery
18. (a) Signature of funeral director Jas. G. Hueston
(b) Address Cape Girardeau Mo
19. (a) 5-19-1947 (b) C. G. Semmer

Due to _____
Due to _____
Other conditions _____
Major findings: Of operations _____
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? _____
(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 C. G. Semmer (M. D. or other) Do
Address Cape Girardeau Mo Date signed 5/13/47

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

RECEIVED

District Health Officer No. 4

District File Number 547-238

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 W. H. Estes

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.