

FILED AUG 5 1947

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 233

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:
South East Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr (Specify whether
In this community one week
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Madison

(c) City or town Alton Ill 999
(If outside city or town limits, write "RURAL") 11

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country _____

3. (a) PRINT FULL NAME MARY ELLA LOBMASTER

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEM 5. Color or race W

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased AUG 18 1931
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

15	11	8	hr. _____ min.
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9. Birthplace Monosanto MONOSANTO ILL
(City, town, or county) (State or foreign country)

10. Usual occupation STUDENT

11. Industry or business _____

MOTHER FATHER { 12. Name ALBERT LOBMASTER

13. Birthplace PUDACAH KY 1
(City, town, or county) (State or foreign country)

14. Maiden name MARY VOYLES

15. Birthplace FINLEY ILL 1
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Lobmaster

(b) Address Alton Ill

17. (a) Removal (b) Date thereof July 27/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton Ill

18. (a) Signature of funeral director Heisserer Funeral Home

(b) Address Oran MO

19. (a) 7-29-1947 (b) G. C. Hammer
(Date received local registrar) (Registrar's signature) 110

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1947 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1 P.M.
7/26/47 1947 to 1:20 AM/27/47
that I last saw her alive on 7/26/47
and that death occurred on the date and hour stated above. 1947

Immediate cause of death Poliomyelitis
Buller Typh

Due to _____

Due to ILL

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

Major findings:
Of operations 2/6

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? _____

(Specify type of place) _____ While at work? _____ (e) Means of injury _____

23. Signature Edward D. ... (M. D. or other) _____

Address Cape Girardeau Mo Date signed 7/26/47

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

SECRET

Health Officer No. 4
County File Number 847-1014
Date Filed 8-4-47

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 *Raymond Crews*
Licensed Embalmer No. *3467*
P. O. Address *Sikeston Mo*

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.