

Registration District No. _____ Primary Registration District No. 2010

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

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: HOME /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 9 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME EMILY JANE LOONEY
 3. (b) If veteran, _____ name war. _____
 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced. WIDOWED
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased APRIL - 24 - 1880
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 67 3 0 hr. min.

9. Birthplace ADVANCE Mo (City, town, or county) (State or foreign country)
 10. Usual occupation HOUSE WIFE

11. Industry or business HOME

MOTHER FATHER { 12. Name JOHN BRANDON /
 13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name MARGARET SNEED (City, town, or county) (State or foreign country)
 15. Birthplace ADVANCE Mo (City, town, or county) (State or foreign country)

16. (a) Informant MARGORIE LOONEY
 (b) Address CAPE GIRARDEAU Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-27-47 (Month) (Day) (Year)
 (c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Walthers Und. Co
 (b) Address Cape Girardeau Mo

19. (a) 7-28-1947 (b) C.C. Drummond (Registrar's signature)
 Date received local registrar

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County CAPE GIR. 16
 (c) City or town CAPE GIRARDEAU 1 (If outside city or town limits, write "RURAL")
 (d) Street No. 620 SO. HENDERSON 4 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1947 hour 80 minute 25 P.M.
 21. I hereby certify that I attended the deceased from May 1947, to July 24, 1947, that I last saw her alive on July 24, 1947, and that death occurred on the date and hour stated above.
 Immediate cause of death Cardiac Decompensation Duration _____

Due to Bright's disease

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 132
 Of autopsy: _____

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 _____

Signature A.M. Stevenson (M. D. or other) Date signed July 28/47
 Address Husch Building - Cape Girardeau Mo

3165

RECEIVED

District Health Officer No. 4
District File Number 847-1012
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

Virgil H. Kelch

Licensed Embalmer No. 4102

P. O. Address

Cape Girardeau - 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.