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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED SEP 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30620

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 275

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:  
43 NO HENDERSON  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. NONE (Specify whether  
In this community. 40 YEARS (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. CAPE GIRARDEAU

(c) City or town. CAPE GIRARDEAU  
(If outside city or town limits, write "RURAL")

(d) Street No. 43 NO HENDERSON  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country. ✓

3. (a) PRINT FULL NAME. MARY S. MANNING

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 5 year 1947 hour 10 minute 0 M.

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. OCT - 31 - 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9/5 to 9/5, 1947, that I last saw her alive on 9/5, 1947, and that death occurred on the date and hour stated above. Duration 7 1/2

Immediate cause of death. Coronary Thrombosis

8. AGE: Years 86 Months 10 Days 4 If less than one day hr. min.

Due to. —  
Due to. —

9. Birthplace. MARBLEHILL Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation. HOUSEWIFE

11. Industry or business. HOME

12. Name. WASH GLIPPARD 0

13. Birthplace. OAK RIDGE Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name. CORDELIA SNIDER 0

15. Birthplace. OAK RIDGE Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant. WILLARD FISHER

(b) Address. CAPE GIRARDEAU

17. (a) BURIAL (b) Date thereof. 9-8-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. ST. MARYS GEM

18. (a) Signature of funeral director. Walthus Und. Co  
(b) Address. Cape Girardeau Mo  
9-11-1947 (Date received local Registrar) (c) Registrar's signature. C. G. Summers

Other conditions. —  
(Include pregnancy within 3 months of death)

Major findings: Of operations. 94A  
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. C  
23. Signature. [Signature] (M. D. or other) [Signature]  
Address. [Signature] Date signed. 9/11/47

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

RECEIVED

District Health Officer No. 4  
District File Number 947-1129  
Date Filed 9-15-47

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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 K. 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.**