

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

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Pape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: DEBORRAH ARABELLA MOORE
 3. (b) If veteran, name war none
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Christopher Jackson 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>11</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER

12. Name Jack Baker
 13. Birthplace not known
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Dydia Birmingham
 (b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof Aug 25 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mc Gee Chapel

18. (a) Signature of funeral director David S. Morgan

(b) Address Adrian, Missouri

19. (a) 9-8-1947 (b) C. C. Summer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri County Ballinger
 (c) City or town Zalma
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug. day 24
 year 1947 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8-19 1947 to 8-24 1947
 that I last saw her alive on 8/24/47 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Hyostatic)
 Due to _____
 Due to _____

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

Major findings: Of operations Cholecystitis
 Of autopsy 2 PA

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? _____ (Specify type of place) (a) Means of injury _____
 23. Signature [Signature] (M. D. or other) [Signature]
 Address Cape Girardeau Date signed 9/10/47

RECEIVED

District Health Officer No. 4

District File Number 947-1174

Date 9-15-47

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.....

Lloyd S. Morgan Jr., Registered Apprentice No. 430
working under my personal supervision.

Signed *Lloyd S. Morgan*

Licensed Embalmer No. 3361

P. O. Address *Advance, 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.