

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1948
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 7

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:
Family Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 37 yrs
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1020 So. Pacific St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mary Jane Little

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife George B. Little

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Sept. 6th 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>3</u>	<u>28</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Wm. Shelton

13. Birthplace Elizabethtown, Ill.
(City, town, or county) (State or foreign country)

14. Maiden name J. Mattingly

15. Birthplace Elizabethtown, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Little

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 1/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director James R. Cady

(b) Address Cape Girardeau, Missouri

19. (a) 1-8-48 (b) C. G. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1948 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from Jan Dec
20, 1947, to Jan 4, 1948
that I last saw h. e. a. alive on Jan 3, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis 2 week

Due to arteriosclerosis
generalized

Due to hypertension

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy § 3 B

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 _____

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

Address Cape Girardeau, Mo. Date signed 1-5-48

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

RECEIVED

District Health Officer No. 4
District File Number 148-54
Date Filed 1-12-48

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.....

R. O. Laid

....., Registered Apprentice No. 502,
working under my personal supervision.

Signed

Virgil H. Helch

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.