

No. 2
-5-43
-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4181

State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 60

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:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
In this community 6 weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger
(c) City or town Glen Allen
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ollie Ellen Masters

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 Married
6. (b) Name of husband or wife Arthur Masters
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 14th 1884
(Month) (Day) (Year)

8. AGE: Years 63 1/2 Months 2 Days 1
If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Dudley
13. Birthplace Madison County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name M. Catherine Graham
15. Birthplace Madison County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Masters
(b) Address Glen Allen, Missouri

17. (a) Burial (b) Date thereof 2-17-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director L.L. Haman
(b) Address Cape Girardeau, Missouri

19. (a) 2-21-48 (b) C. G. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15th
year 1948 hour 10 minute _____ A. M.
21. I hereby certify that I attended the deceased from 11-15-48 to 2-15-48
that I last saw her alive on 2-14-48
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver
Due to _____
Duration _____

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

Major findings:
Of operations _____
Of autopsy _____
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 Al. E. Smith (M. D. or other) MD.
Address Cape Girardeau Date signed 2/17/48

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

RECEIVED

District Health Officer No. 4
District File Number 248-269
Date Filed 2-24-48

MAR 20 1948

JAN 29 1951

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 William Lee Townes

Licensed Embalmer No. 4410

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.