

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8062

State File No.

FILED APR 6 1948

Registration District No. 33

Primary Registration District No. 3210

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
505 So. Pacific St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir.
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 505 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 Cora Lee Keyes:

3. (b) If veteran, name war 3. (c) Social Security No. None

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 27th 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 10 19 hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name Henry Clay Ancell

13. Birthplace Scott County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Davidson

15. Birthplace Cape Girardeau, Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Z. W. Ancell

(b) Address Chaffee, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/48
(Month) (Day) (Year)

(c) Place: burial or cremation XXXX Hobbs Chapel

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

(b) Address Cape Girardeau, Missouri

19. (a) 4-1-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th
year 1948 hour 8 minute 45 AM

21. I hereby certify that I attended the deceased from Jan
1947 to March 26, 1948
that I last saw h. EP alive on March 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration

Due to arterio sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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

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

Address Cape Girardeau Date signed 3-31-48

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

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RECEIVED

Health Officer No. 4
File Number 448-421
dated 4-5-48

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

Signed James Richard Cady
Licensed Embalmer No. 43097
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.