

S. No. 2
M-5-43
5-17-39
I X30871

FILED MAR 30 1948

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 92

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

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 D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days
(Specify whether years, months or days)

In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott ¹⁰⁷¹

(c) City or town Benton Route #1
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route #1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Doris McCrory

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 S 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb. 22, 1948
(Month) (Day) (Year)

8. AGE: Years 0 Months 1 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Inf

11. Industry or business _____

MOTHER, FATHER {

12. Name Cloyse McCrory

13. Birthplace State of Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Sylvia Nichols

15. Birthplace State of Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Cloyse McCrory

(b) Address Benton Route #3, Mo.

17. (a) Burial (b) Date thereof 3/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moody Cemetery

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 3-25-48 (b) C. C. Sumner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 24 year 1948 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from 3/18 1948, to 3/24 1948 that I last saw her alive on 3/24 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-vascular
cause undetermined

Due to _____

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 Chas. J. Herlihy (M. D. or other) _____

Address Cape Girardeau, Mo. Date signed 3/24/48

RECEIVED

District Health Officer No. 4
District File Number 348-400
Date Filed 3-29-48

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 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.