

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8068**

FILED APR 6 1948

Registration District No. **33**

Primary Registration District No. **3010**

Registrar's No. **100**

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

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:
414 Good Hope St. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

3. (a) PRINT FULL NAME ALPHA MAE MILLER
 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, Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 29th 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>1</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER

12. Name Constant VanCanneyt
 13. Birthplace Belgium, Europe
(City, town, or county) (State or foreign country)
 14. Maiden name Nancy Windfield
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma E. Nisley
 (b) Address Lafayette, Ind.

17. (a) Burial (b) Date thereof 3/ 31/ 48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Union Park Cemetery

18. (a) Signature of funeral director James B. Cady
 (b) Address Cape Girardeau, Missouri

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cape Gir. 16
 (c) City or town Cape Girardeau, Mo. 14
(If outside city or town limits, write "RURAL")
 (d) Street No. 414 Good Hope St. 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
 year 1948 hour 8 minute 30 A.M.
 21. I hereby certify that I attended the deceased from March 1 to March 29, 1948
 that I last saw her alive on March 29, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 2 weeks

Due to Arteriosclerosis
 Due to Generalized

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: ggb
 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? 0

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 2) Signature Edward D. Campbell (M.D. or other) _____
 Address Cape Girardeau Date signed 3-31-48

RECEIVED

Health Officer No. 4
File Number 448-420
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. 4309
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.