

FILED MAY 27 1948

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **158**

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: St. Francis Hospital **0**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
 (c) City or town East Prairie **67**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2**
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No) **0**
 If yes, name country **1**

3. (a) PRINT FULL NAME PAMELA KAY LIPPARD
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1948 hour 6 minute P. M.
 21. I hereby certify that I attended the deceased from April 24th, 1948, to May 15, 1948
 that I last saw her alive on May 15, 1948
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced Inf.
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: March 31 1948
 (Month) (Day) (Year)

Immediate cause of death: Cerebral embolism, non-specific
 Due to gaugly infarction (from embolism)
 Due to gig. tract
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations 159
 Of autopsy _____

8. AGE: Years _____ Months 1 Days 14 If less than one day _____ hr. _____ min.
 9. Birthplace: CAIRO ILL.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Inf.

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
 12. Name Tom Lippard
 13. Birthplace Nickman Co. Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Luella Doss
 15. Birthplace Darena Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Tom Lippard
 (b) Address East Prairie, Mo.
 17. (a) Burial (b) Date thereof May 16, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation W.O.W. Cemetery
 18. (a) Signature of funeral director David Shelby
 (b) Address East Prairie, Mo.
 19. (a) 5-21-48 (b) C. C. Summers
 (Date received local registrar) (Registrar's signature)

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?
 (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Char. J. Herber (M. D. or Other)
 Address Cape Girardeau, Mo. signed 5/15/48

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

RECEIVED

District Health Officer No. 4
District File Number 548-676
Date Filed 5-26-48

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.....

Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.