

FILED JUL 27 1948

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 214

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... East Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... 1 Day (Specify whether
 In this community... 1 Day
 years, months or days)

3. (a) PRINT FULL NAME

Ethel L. DuBois
 3. (b) If veteran, 3. (c) Social Security No.

5. Color or race... Female
 6. (a) Single, widowed, married, divorced... 2
 6. (b) Name of husband or wife...
 6. (c) Age of husband or wife if alive... years
 7. Birth date of deceased... March 9 - 1893
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 55 4 3 hr. min.

9. Birthplace... Melanda Ill
 (City, town, or county) (State or foreign country)

10. Usual occupation... Nurse

11. Industry or business

12. Name... John R. Livingston
 13. Birthplace... Fruit Ridge Ill
 (City, town, or county) (State or foreign country)
 14. Maiden name... Jant Holaday
 15. Birthplace... Jant Ridge Ill
 (City, town, or county) (State or foreign country)

16. (a) Informant... Robert Walker
 (b) Address... Capden Ill

17. (a) Burial (Burial, cremation, or removal)
 (b) Date thereof... 7-15-48
 (Month) (Day) (Year)

(c) Place: burial or cremation... Capden Ill

18. (a) Signature of funeral director... J. G. Howell

(b) Address... Cape Girardeau Ill

19. (a) 7-15-48 (b) to C. Summers
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Ill (b) County... Union Ill
 (c) City or town... Capden Ill
 (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
 year 1948 hour minute 9:50 AM

21. I hereby certify that I attended the deceased from...
 , 19... to... 19...
 that I last saw h... alive on... 19...
 and that death occurred on the date and hour stated above. Duration

Immediate cause of death... Acute Coronary
 Thrombosis

Due to...
 Due to...

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

Major findings:
 Of operations...
 Of autopsy...

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... Dr. J. F. Sigmund Coroner
 Address... Jackson Mo. Date signed... 7/13/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 748-911

Date Filed 7-24-48

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.