

No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29097
Registrar's No. 285

FILED SEP 28 1948
Registration District No. _____

Primary Registration District No. 3010

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:
517 Rear Jefferson Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ Since 1912
years, months or days)

3: (a) PRINT FULL NAME Annabelle O'Daniells
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hosea O'Daniells
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 8th 1893
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 7
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Monroe Self
13. Birthplace Don't Know
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Hosea O'Daniells
(b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 9-17-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director S. P. Bloman
(b) Address Cape Girardeau, Missouri

19. (a) 9-21-48 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 517 Rear Jefferson Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th
year 1948 hour 7 minute 20 P. M.
21. I hereby certify that I attended the deceased from Sept. 13
1948, to Sept 15, 1948
that I last saw h. alive on Sept 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 15 hrs
Due to Coronary sclerosis 2-3 yrs
Due to Arteriosclerosis 5-10 yrs
Other conditions Anemia, severe ?
(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 John Bloman (M. D. or other)
Address Cape Girardeau MO Date signed 9/18/48

RECEIVED

Health Officer No. 4

File Number 948-12

Date Filed 9-22-8

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 Jones

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.