

2-8-43
17-39
X37823

FILED DEC 14 1948

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 384

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:
217 So. ELLIS ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 28 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County CAPE GIR. MO.
(c) City or town CAPE GIRARDEAU Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 217 So. ELLIS, ST
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAUD O. NICHOLAS

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

7. Birth date of deceased AUG - 10 - 1901
(Month) (Day) (Year)

8. AGE: Years 47 Months 3 Days 27 If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSE WORK

11. Industry or business HOME

12. Name ANDREW GREENE

13. Birthplace MILLERSVILLE Mo.
(City, town, or county) (State or foreign country)

14. Maiden name KATIE HOSEA

15. Birthplace MILLERSVILLE, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant GLYDE W. NICHOLAS

(b) Address CAPE GIRARDEAU Mo.

17. (a) BURIAL (b) Date thereof 12-9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Walthers Funeral Home

(b) Address Cape Girardeau Mo.

19. (a) 12-8-48 (b) C. G. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7th
year 1948 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from 8:15 AM
9 DECEMBER 1948 to 8:30 AM 7 Dec. 1948
that I last saw her alive on 7 Dec. 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: CORONARY OCCLUSION Duration 15 min.

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 James A. Kumber (M. D. or other) MD

Address Cape Girardeau Date signed 8 Dec.

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

1948

RECEIVED

District Health Officer No. 4

District File Number 1248-155

Date Filed 12-13-48

APR 23 1953

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

Virgil H. Kelch

Licensed Embalmer No. 4102

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.