U. S. No. 2
0M—8-43
ev. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1947
Registration District No. 53

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

478
State File No.
Primary Registration District No. 3010
Registrar's No. 448

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: St Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Days (Specify whether)
In this community 17 Days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Oak Ridge Mo R#1 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cora Pohlman
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F. | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred Pohlman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov (Month) 3 (Day) 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
50	1	29	hr. min.

9. Birthplace Oak Ridge Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business

MOTHER FATHER
12. Name Henry Ruppel
13. Birthplace Arnsburg Mo (City, town, or county) (State or foreign country)
14. Maiden name Mary Bodinschatz
15. Birthplace Old Appleton Mo (City, town, or county) (State or foreign country)

16. (a) Informant Fred Pohlman
(b) Address Oak Ridge Mo R#1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Friedheim Cemetery
18. (a) Signature of funeral director McCombs Funeral Co.
(b) Address Jackson Mo.
19. (a) 1-3-1947 (Date received local registrar) (b) C. C. Lemmons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1947 hour 10 minute P M.
21. I hereby certify that I attended the deceased from Dec 16, 1946 to Jan 2, 1947
that I last saw her alive on Jan 2, 1947
and that death occurred on the date and hour stated above.

Duration
Intestinal Obstruction 3 days
Due to Heart Trouble
Due to
Other conditions Hysterectomy Dec 23-46 (Include pregnancy within 3 months of death)

Major findings: Of operations Uterine Polip
Of autopsy 1395

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. D. McCombs M.D.
Address Jackson Mo Date signed 1-3-47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 147:37

Date Filed 1-6-47

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 B A Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson 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.