

S. No. 2
OM-5-43
v. 5-17-39
X 36671

FILED OCT 21 1947

Registration District No. **348**

Primary Registration District No. **3010**

Registrar's No. **322**

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:
St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days) 3 weeks

3. (a) PRINT FULL NAME Esther Cora Farrow

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 Lawrence Farrow **6. (c) Age of husband or wife if** alive _____ years

7. Birth date of deceased December 18th 1910
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
36	9	20	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Lange

13. Birthplace Egypt Mills Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Dena Fornkahl

15. Birthplace Egypt Mills Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Farrow

(b) Address Cape Girardeau R.F.D. # 1

17. (a) Burial **(b) Date thereof** 10-10-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McLains Chapel Cemt.

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau, Missouri

19. (a) 10-18-47 **(b)** G. G. Sumner
(Date received local registrar) (Registrar's signature)

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. Cape Girardeau R.F.D. # 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th
year 1947 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from Apr, 1947, to Oct 8, 1947
that I last saw her alive on Oct 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ **Duration** _____

Generalized metastatic carcinoma 1 month

Due to Carcinoma of cervix 1 yr

Due to _____

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

Major findings: _____ **PHYSICIAN** _____

Of operations _____

Of autopsy Generalized metastatic carcinoma

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 T. E. Ruff (M. D. or other) MD
Address Jackson mo **Date signed** 10-15-47

RECEIVED

District Health Officer No. 4
District File Number 1047-1335
Date Filed 10-20-47

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.....

Howard L. Hansen

Licensed Embalmer No. 4122

P. O. Address Capt. Strand

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.