

REC'D MAR 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6125

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 13182
 (b) Township Cape Primary Registration District No. 5182
 (c) City or Cape Girardeau Mo. (d) Street No. R. F. D. # 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

65 Mary Day Fornkhal
 (a) Residence, No. Cape Girardeau Missouri St. R. F. D. # 1
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Fornkhal		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1901		
7. AGE YEARS 38	MONTHS 1	DAYS 14
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hswork	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) Myrtle (STATE OR COUNTRY) Missouri		
FATHER	13. NAME Benton Comer	
	14. BIRTHPLACE (CITY OR TOWN) Cape County (STATE OR COUNTRY) Missouri	
MOTHER	15. MAIDEN NAME Nettie Meador	
	16. BIRTHPLACE (CITY OR TOWN) Grant lle (STATE OR COUNTRY) Missouri	
17. INFORMANT Henry Fornkhal (ADDRESS) Cape Girardeau Missouri		
18. BURIAL, CREMATION, OR REMOVAL PLACE Thompson Cemetery DATE 3-6-1939		
19. FUNERAL DIRECTOR (NAME) L. L. Haman (ADDRESS) Cape Girardeau Missouri		
20. FILED 3-10-1939 Clara J. Miller Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 5 1939**

22. I HEREBY CERTIFY, That I attended deceased from 1938, 1938, to Mar 5, 1939.
 I last saw him alive on Mar 4, 1939. Death is said to have occurred on the date stated above, at 8 m.
 The principal cause of death and related causes of importance were as follows:
Post influenza pneumoniae acuta
Arteriosclerosis
 Date of onset 11/10

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) O. J. Miller, M.D.
 (Address) Cape Girardeau

(Licensed Embalmer's Statement on Reverse Side)

R # 1 760

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Miller

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 *J. L. Hamon*.....

Licensed Embalmer No. *7863*.....

P. O. Address.....

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, above space should be left blank.