

NOV 22 1939

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

39223
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
(b) Township _____ Primary Registration District No. 3009 Registered No. 400
(c) City Cape Girardeau (d) Street No. Death East Mrs. Hask. 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. Chaffee Mo
(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 Clarence E Campbell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1893
7. AGE YEARS 46 MONTHS 7 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
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) (STATE OR COUNTRY) Perry Co Mo

FATHER 13. NAME Max Schultzy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis T. Ind. Mo.

MOTHER 15. MAIDEN NAME Sophia Burns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

17. INFORMANT C. E. Campbell
(ADDRESS) Chaffee Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 11/28/39
Chaffee Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bepling & Hubbed
Chaffee Mo

20. FILED 11-25-39 J. M. Thompson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25-1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1939, to Nov 24, 1939.
I last saw him alive on Nov 25, 1939. Death is said to have occurred on the date stated above, at 7:20 p. m.
The principal cause of death and related causes of importance were as follows:

Recurring carcinoma in
mammary gland of amputated breast
(left) (3 years ago)
50
Date of onset _____
Other contributory causes of importance:
metastases in lungs & liver,
esophageal glands

Name of operation _____ Date of _____
What test confirmed diagnosis? X Ray Was there an autopsy? no

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? no
If so, specify _____
(Signed) Carl W. Kemmerman M. D.
(Address) Cape Girardeau Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 X14023

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.....

Licensed Embalmer No.....

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.