

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21388

State File No. _____

Registration District No. 12d

Primary Registration District No. 3009

Registrar's No. 196

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~~ Approx 6 wks
(Specify whether
In this community
years, months or days) 6/5

3. (a) PRINT FULL NAME John Durbin
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife dont know
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased May 21 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 17
If less than one day hr. _____ min. _____

9. Birthplace dont know
(City, town, or county) (State or foreign country)

10. Usual occupation retailer cigars

11. Industry or business Cigar Counter

12. Name dont know

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

14. Maiden name dont know

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

16. (a) Informant George L. Dye

(b) Address Sikeston, Missouri

17. (a) Burial (b) Date thereof June 8 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston mo Mausoleum

18. (a) Signature of funeral director [Signature]

(b) Address Sikeston, Mo

19. (a) 6-7-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Sikeston Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. Malone Ave c/o Dye Hotel
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1940 hour 8: minute 30 A. M.

21. I hereby certify that I attended the deceased from 4-28-40
19 _____ to 6-7 19 40

that I last saw him alive on 6-6 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death
Ch. Pyelonephritis

Due to Hyp. Prostate

Due to _____
Other conditions 129
(Include pregnancy within 5 months of death)

PHYSICIAN
Major findings:
Of operations Hyp. Prostate
Of autopsy _____
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? 121

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

23. Signature [Signature] (M. D. or other) _____
Address Cape Girardeau Date signed 6/7/40

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

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 Harvey S. Johnson

Licensed Embalmer No. 3704

P. O. Address Sikeston, 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, above space should be left blank.