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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28162

State File No.

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 263

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (c) Name of hospital or institution St. Francis
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 days
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Mary Josephine Dumey 501

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 Louis Dumey
 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 11 21 1881
 (Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 12
 If less than one day _____ hr. _____ min.

9. Birthplace Cape Girardeau Co. Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 17. Name Frank Mirgault

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

14. Maiden name Mary Bena

15. Birthplace Alsace Lorraine, France
 (City, town, or county) (State or foreign country)

16. (a) Informant Louis Dumey

(b) Address Illmo, Mo.

17. (a) Burial (b) Date thereof 8-5-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kelso, Mo.

18. (a) Signature of funeral director H. Welch

(b) Address Schubert, Mo.

19. (a) 8-3-40 (b) John Thompson
 (Date local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 3
 year 1940 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from 7/10, 1940, to 8/3, 1940;
 that I last saw her alive on 8/2, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Diabetes Mellitus

Due to Broncho-pneumonia

Due to _____

Other conditions 54
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

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? _____

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

23. Signature A. L. D. Smith (M. D. or other) Dr.

Address Cape Girardeau Date signed 8/5/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.