

Registration District No. 120

Priority Registration District No. 3019

Registrar's No. 266

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 1 day
(Specify whether years, months or days)

In this community 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

City or town Benton
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mile So. East of Benton
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Harold Diamond

3. (b) If veteran, name war Infant 3. (c) Social Security No. Infant

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive xxx years

7. Birth date of deceased January 4, 1936
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	4	9	26	hr. min.

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

10. Usual occupation Infant

11. Industry or business At home

12. Name George Diamond

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

14. Maiden name Myrtle Ozell Todd

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

16. (a) Informant Mrs George Diamond
(b) Address Benton, Mo

17. (a) Burial (b) Date thereof 11/2/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove-Benton

18. (a) Signature of funeral director Lair-Nunnelee
(b) Address Charleston, Mo

19. (a) 11-2-40 (b) John Thompson
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st
year 1940 hour 5 minute 15 M.

21. I hereby certify that I attended the deceased from 10-31 1940 to 11-1 1940
that I last saw him alive on 10/31 1940
and that death occurred on the date and hour stated above.

Immediate cause of death HEPHEITIS AC

Due to TONSILLITIS AC

Due to

Other conditions 115 W
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy NO

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?
MO 121
While at work? (Specify type of place) (e) Means of injury.

23. Signature [Signature] (M. D. or other) MD
Address Cape Girardeau Date signed 11/2/40

Duration
Physician
Underline the cause to which death should be charged statistically.

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

DEC 17 1940

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

John P. Kinnalee Jr

Licensed Embalmer No. *3851*

P. O. Address *Charleston, 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, fact should be so stated above.