

No. 2
13-40
17-39
X23159

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 352

1. PLACE OF DEATH:

(a) County Cape Girardeau, Mo
(b) City or town Cape Girardeau, Mo
(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 of location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Commerce R#
(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.

REC'D DEC 11 1940

3. (a) PRINT FULL NAME Baby Vetter

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
7. Birth date of deceased Nov 13 - 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 7 hr. 2 min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name George Vetter 0
13. Birthplace Scott Co. 0
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Compas
15. Birthplace Scott Co.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. George Vetter

(b) Address Commerce R#

17. (a) Burial (b) Date thereof Nov 13 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director George Vetter

(b) Address Commerce R#

19. (a) 11-13-40 (b) Jim Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-13 day _____
year 1940 hour _____ minute 80 M.

21. I hereby certify that I attended the deceased from 11-13, 1940, to 11-13, 1940
that I last saw OR alive on 11-13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____

Due to _____

Other conditions 159
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____
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 Ch. Smith (M. D. or other) _____
Address 121 Date signed 11/13/40

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

MOTHER FATHER

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, fact should be so stated above.