

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.

JAN 13 1941

Registration District No. 125

Primary Registration District No. 5178

Registrar's No. 432

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:
Farm home South Cape
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community all life
 years, months or days _____

8. (a) PRINT FULL NAME JASPER DRUM

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Helen (Julia) 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 26 - 1956
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 6 29 hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Calvinus Woods
 13. Birthplace Daisy Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Lucy Ellis
 15. Birthplace Daisy Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Al Woods
 (b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof 12-27-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Salem Funeral

18. (a) Signature of funeral director Garrett H. Walker
 (b) Address Cape Girardeau Mo

19. (a) 12-26-40 (b) J. W. Thompson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25th
 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 12-6-, 1940, to 12-24, 1940
 that I last saw him alive on 12-23, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic cystitis of urinary bladder to enlarged prostatic gland
 Due to advanced age.
 Duration 5 Years

Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations no operation
 Of autopsy no 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 A. E. Dalton (M. D. or other) _____
 Address Cape Girardeau Mo Date signed 12-26-40

Not embalmed

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.