

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.

1941 FEB 14

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2109**

Registration District No. **126**

Primary Registration District No. **3174B**

Registrar's No. **1**

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Swain
(c) Name of hospital or institution: Gordonville Mo RFD #1
(d) Length of stay: In hospital or institution _____
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural
(d) Street No. Gordonville Mo RFD #1
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME DORIS DAUME
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 9
year 41 hour 12 minute 15 P. M.

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife William Daume 6. (c) Age of husband or wife if alive 8 1/2 years
7. Birth date of deceased Dec 18 1860 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-6-1940 to 1-9-1941; that I last saw h. or alive on 1-9-41 and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 4 Days 21 If less than one day _____ hrs. _____ min.

Immediate cause of death pneumonia
Due to Lobar pneumonia
Due to Senility, Inequality of Chronic Muscular Dystonia, Arterio Sclerosis

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

Other conditions (Include pregnancy within 3 months of death) Chronic Muscular Dystonia, Arterio Sclerosis

10. Usual occupation House work
11. Industry or business _____
12. Name Fred Smedekne
13. Birthplace Germany
14. Maiden name Sophia Edel
15. Birthplace Germany

Major findings: Of operations
Of autopsy 106

16. (a) Informant's own signature Lee Daume
(b) Address Gordonville Mo RFD #1
17. (a) Swain (b) Date thereof Jan 11 1941
(c) Place: burial or cremation St. Johns R.S.
18. (a) Signature of funeral director M. Combs & Co
(b) Address Jackson Mo.
19. (a) Jan 11 1941 (b) Mrs M. M. Ford

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 123
While at work _____ (Specify type of place) (e) Means of injury 2
23. Signature Chas M. Estes (M. D. or other) M.D.
Address 273 W. Main Jackson Mo Date signed 1-10-41

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.....

B. A. Meyer

Licensed Embalmer No. *3651*

P. O. Address *Jackson M*

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.

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