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MO FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2115

Registration District No. 130

Primary Registration District No. 5775

Registrar's No.

1. PLACE OF DEATH: CAPE GIRARDEAU

(a) County: CAPE GIRARDEAU

(b) City or town: RURAL, WELCH TOWNSHIP

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community: 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO

(b) County: CAPE GIRARDEAU

(c) City or town: RURAL, Welch Township

(d) Street No.: CHAFFEE ROUTE #3

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

3. (a) PRINT FULL NAME: MARY JANE SMITH

(b) If veteran, name war:

(c) Social Security No.:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 16 year 1941 hour 10 minute 5 A.M.

21. I hereby certify that I attended the deceased from Jan 9 1941 to Jan 16 1941 that I last saw her alive on Jan 16 and that death occurred on the date and hour stated above.

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: JOHN

6. (c) Age of husband or wife if alive: 13 years 1864

7. Birth date of deceased: JAN 13 1864

Immediate cause of death: Myocardites

Due to: influenza

Other conditions: A7 Me

(Include pregnancy within 3 months of death)

8. AGE: Years 79 Months 3 Days 3

If less than one day hr. min.

9. Birthplace: ALEXANDER COUNTY ILL. /

(City, town, or county) (State or foreign country)

10. Usual occupation: HOUSE WIFE

11. Industry or business:

12. Name: ~~WILLIAM~~ FRANK WILLIAMS

13. Birthplace: DON'T KNOW 9

14. Maiden name: ~~NAME~~ DON'T KNOW

15. Birthplace: DON'T KNOW 9

16. (a) Informant: Mrs Riddle Bollinger

(b) Address: Chaffee Mo R3

17. (a) Burial (b) Date thereof: 1-18-1941

(c) Place: burial or cremation: Cause Cem. Advance, Mo.

18. (a) Signature of funeral director: [Signature]

(b) Address: Chaffee Mo

19. (a) Date received local registrar: Jan 16 1941 (b) Mrs Wm Stecker

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

23. Signature: Wm Davault (M. D. or reg.)

Address: Allenville Mo Date signed

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.....

Mamie Buppert

Licensed Embalmer No.....

32420

P. O. Address.....

Chaffee M.

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.