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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

122127

State File No. \_\_\_\_\_

Registration District No. 814

Primary Registration District No. 4990

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Benton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau <sup>16</sup>

(c) City or town Cape Girardeau <sup>1</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 121<sup>a</sup> North Middle St <sup>4</sup>  
(If rural, give location)

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

3. (a) PRINT FULL NAME Carl Ambros Niswonger

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 291-07-2649

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26  
year 1941 hour 11:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Male <sup>0</sup> 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Esma Seabaugh Niswonger

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased September 23 1912  
(Month) (Day) (Year)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>5</u>	<u>3</u>	hr. _____ min.

Immediate cause of death Frontal and Basal Fracture of Skull

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

10. Usual occupation Shoe Factory

11. Industry or business \_\_\_\_\_

Due to Injury from Automobile Accident.

MOTHER FATHER

12. Name Ambros Niswonger

13. Birthplace Cape Girardeau Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Ida Cox

15. Birthplace Cape Girardeau Co. Missouri  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

16. (a) Informant Esma Seabaugh Niswonger

(b) Address 121<sup>a</sup> Middle St. Cape Girardeau Mo.

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Home Cape

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

18. (a) Signature of funeral director Esma Seabaugh Niswonger

(b) Address Cape Girardeau Mo

19. (a) 3-1-41 (b) Edman Jank  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Automobile Accident

(b) Date of occurrence February 26 1941 <sup>100</sup>

(c) Where did injury occur? Benton Scott Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Intersection Highway #61 & 55

While at work? No (Specify type of place)

(e) Means of injury Motor Vehicle Collision

23. Signature Edman Jank Address Cape Girardeau Missouri Date signed 2/27/41

(Licensed Embalmer's Statement on Reverse Side)

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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.....

*W. H. Estes*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*W. H. Estes*

Licensed Embalmer No. ....

*3568*

P. O. Address.....

*Depe Shadron  
me.*

**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.**