

No. 2
12-40
17-39
X23139

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14135

REC'D JUN 11 1941

Registration District No. 12N

Primary Registration District No. 3009

Registrar's No. 176

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:
337 N. PARK
(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

(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")

(d) Street No. 337 N. PARK
(If rural, give location)

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

3. (a) PRINT FULL NAME NANCY L Greer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1941 hour 11 minute 13 M.

21. I hereby certify that I attended the deceased from Jan 1 - 1941 to April 30, 1941 to _____, 19____; that I last saw her alive on April 30 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 A. B. NER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June (Month) 5 (Day) 1848 (Year)

Immediate cause of death Obstruction bowels Duration 2 days

Due to Unknown cause

Due to _____

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

8. AGE: Years 92 Months 10 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace ANCIL (City, town, or county) MO (State or foreign country)

10. Usual occupation _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____

12. Name PASCHAL ANCIL

13. Birthplace VIRGINIA (City, town, or county) (State or foreign country)

14. Maiden name Unknown - CAMPSTER

15. Birthplace VIRGINIA (City, town, or county) (State or foreign country)

16. (a) Informant Mr. P. J. STEER

(b) Address Cape Girardeau, Mo

17. (a) BURIAL (b) Date thereof 5-2-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ANCIL, MO

18. (a) Signature of funeral director Buried - Howell

(b) Address Cape Girardeau, Mo

19. (a) 5-10-41 (b) J. M. Thompson (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) _____

(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 J. W. Berry (M. D. or other) O

Address CAPE GIRARDEAU, MO Date signed 5/30/41

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:.....

J. G. Howell

Licensed Embalmer No. *3390*

P. O. Address *Cape Girardeau*

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.