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4-41  
7-39  
X26390

FILED AUG 11 1941

Registration District No. 25

Primary Registration District No. 3009

Registrar's No. 25

**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:  
St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days  
(Specify whether \_\_\_\_\_)

In this community 0  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Cape 016

(c) City or town Cape Girardeau, (Rural) 0  
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Dale Duckworth

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 9  
year 1941 hour 11 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from July 4th  
1941 to July 9th 1941  
that I last saw him alive on July 9  
and that death occurred on the date and hour stated above. 1941

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 16 1941  
(Month) (Day) (Year)

Immediate cause of death Des. Colitis Duration 2 wks

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

Due to 1190

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

**8. AGE:**

Years	Months	Days	If less than one day
<u>0</u>	<u>6</u>	<u>23</u>	hr. _____ min.

9. Birthplace Newton Ill.  
(City, town, or county) (State or foreign country)

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

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

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

10. Usual occupation \_\_\_\_\_

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

**MOTHER FATHER**

12. Name Jesse Duckworth

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

14. Maiden name Maggie Windeknecht

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

16. (a) Informant Jesse Duckworth

(b) Address R.F.D. 1 Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof July 10 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iona Cemetery

18. (a) Signature of funeral director L.L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 2-12-41 (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. Signatures J.P. Cochran (M. D. or other) GMA  
Address Cape Girardeau, Mo. Date signed 7/12/41

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

*Earl Smith*

Licensed Embalmer No. *2676*

P. O. Address *Capu Garden*

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.