

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 109

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

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. Stanislaus Hosp.
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution 7 hrs.
(Specify whether years, months or days)

In this community 7 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cape Girardeau

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

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME Boag Daniel G.

MEDICAL CERTIFICATION

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

3. (c) Social Security No.....

20. DATE OF DEATH: Month 4 day 6
year 42 hour 9:00 minute AM M.

4. Sex Male 5. Color or race W

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

21. I hereby certify that I attended the deceased from 8:00 4/6 1942, to 4-6 1942
that I last saw her alive on 4-6 1942
and that death occurred on the date and hour stated above.

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

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased 4-6-22
(Month) (Day) (Year)

Immediate cause of death.....
Pneumonia
(6 no)

8. AGE:	Years	Months	Days	If less than one day
				<u>7</u> hr. <u>2</u> min.

Due to.....

Due to.....

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

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

10. Usual occupation.....

Major findings:
Of operations.....

11. Industry or business.....

Of autopsy.....

12. Name ALFRED H. DANIEL

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

13. Birthplace Ozark Co. MO
(City, town, or county) (State or foreign country)

14. Maiden name Rita Malone

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

16. (a) Informant ALFRED H. DANIEL

(b) Address Whitewater MO

17. (a) Burial (b) Date thereof 4-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Whitewater Mo

18. (a) Signature of funeral director Responded by family

(b) Address Whitewater Mo

19. (a) 4-7-42 (b) F.W. Phelps
(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)

(c) Means of injury.....

23. Signature Almond (M. D. or other) MD

Address Cape Girardeau Date signed 4/6/42

RECEIVED

District Health Officer No. 4

District File Number 542-674

Date Filed 5-18-72

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.....

Licensed Embalmer No.....

P. O. Address.....

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.