S. No. 9-1 5-1 484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17638

Registration District No. 124 Primary Registration District No. 5174 Registrar's No. 7

1. PLACE OF DEATH:

(a) County: Cape Girardeau

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Girardeau

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

(d) Street No.: Gordonville Mo RF #1 (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) O

If yes, name country .....

3. (a) PRINT FULL NAME: Ernst Fred William Daume

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

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

4. Sex: M

5. Color or race: W

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

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

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

7. Birth date of deceased: April (Month) 25 (Day) 1857 (Year)

8. AGE: Years 85 Months 6 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace: Germany (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business .....

MOTHER FATHER

12. Name: Christian Daume

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

14. Maiden name: Struve

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

16. (a) Informant: Leo A Daume

(b) Address: Gordonville Mo RFD 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5 (Month) 19 (Day) 1942 (Year)

(c) Place: burial or cremation: Evangelical Cemetery

18. (a) Signature of funeral director: McCombs Funeral Co.

(b) Address: Jackson Mo.

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1942 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from March 29, 1942 to May 8, 1942 that I last saw him alive on May 8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Edema	3 days
Due to: Chronic Bronchitis	9 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): 111C	

Major findings: Of operations ..... Of autopsy .....

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature: E. R. Schaew (M. D. or other) M.D.

Address ..... Date signed .....

1138 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 42-822

Date Filed 6-18-42

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 B H Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson Mo.

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.

. S. No. 2B
DM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17638

Registration District No. 126 Primary Registration District No. 5174 Registrar's No.

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of 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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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: Ernest F. W. Daume
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Apr (Month) 25 (Day) 1858 (Year)
8. AGE: Years 88 Months — Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
12. FATHER Name
13. FATHER Birthplace (City, town, or county) (State or foreign country)
14. MOTHER Maiden name
15. MOTHER Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 5/9/42 (Date received by local registrar) (b) A. H. Maeke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY