

No. 2  
-5-42  
-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31362**

FILED OCT 9 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. **3010**

Registrar's No. **298**

1. PLACE OF DEATH:

(a) County **Cape**

(b) City or town **Cape Girardeau Mo.**  
(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 **2 weeks**  
(Specify whether years, months or days)

In this community **37 years** **2 wks.**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Scott**

(c) City or town **Chaffee**  
**R. F. D. #1**  
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME **Florence E. Mullinax**

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

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

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Oral Mullinax**

6. (c) Age of husband or wife if alive **35 Yrs**

7. Birth date of deceased **January 5 1903**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>40</b>	<b>8</b>	<b>14</b>	_____ hr. _____ min.

9. Birthplace **Chaffee Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **Housewife**

MOTHER FATHER

12. Name **T. J. Rassberry**

13. Birthplace **Commerce Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lu Belk**

15. Birthplace **Chaffee Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jack Ware**

(b) Address **Chaffee Mo. R. F. D. #1**

17. (a) **BURIAL** (Burial, cremation, or removal)

(b) Date thereof **9-22-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Providence Mts.**

18. (a) Signature of funeral director **W. H. Phelps**

(b) Address **Chaffee Mo.**

19. (a) **9-29-43** (Date received local registrar)

(b) **W. H. Phelps** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **19** year **1943** hour **4** minute **0** M.

21. I hereby certify that I attended the deceased from **9-4-43** to **9-19-43**

that I last saw him alive on **9-19-43** and that death occurred on the date and hour stated above.

Immediate cause of death **Valvular Disease of Heart**

Due to **Calcification**

Due to **Flural Pericardial Effusions**

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

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

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 **W. H. Phelps** (M. D. or other) \_\_\_\_\_

Address **Chaffee Mo.** Date signed **9/20/43**

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

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4  
District File Number 1043-2810  
Date Filed 10-6-83

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 C. J. Lorberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.