

S. No. 2  
OM-2-43  
v. 5-17-39  
-I X35497

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6765

State File No. \_\_\_\_\_

FILED MAR 10 1944

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 77

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(c) Name of hospital or institution Home - South Cape Girardeau  
(d) Length of stay: In hospital or institution three years  
In this community three years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cape Gir.  
(c) City or town Cape Girardeau  
(d) Street No. South Cape Girardeau  
(e) Citizen of foreign country? No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CLARENCE DEWROCK

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 490-05-5054

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ethel Dewrock 6. (c) Age of husband or wife if alive 27 years  
7. Birth date of deceased July 27 1897

8. AGE: Years 46 Months 7 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bainbridge Co. Mo

10. Usual occupation Cut up man

11. Industry or business Cape Reuping Co

12. Name Isaac Dewrock

13. Birthplace Marietta Delia

14. Maiden name Mary Beatty

15. Birthplace Bainbridge Co. Mo

16. (a) Informant Mrs Ethel Dewrock

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof Feb 29 1944

(c) Place: burial or cremation Harmonist Cem.

18. (a) Signature of funeral director Harmonist House

(b) Address Cape Girardeau Mo

19. (a) 2-28-44 (b) H. P. Phelps

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 27 year 1944 hour 5:20 minute P. M.

21. I hereby certify that I attended the deceased from FEB 23 1944 to FEB 27 1944  
that I last saw him alive on FEB 23 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza complicated by  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions not there  
(Include pregnancy within 3 months of death)

Major findings: Myocarditis  
Of operations \_\_\_\_\_  
Of autopsy 9321

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature H. P. Phelps (M. D. or other) \_\_\_\_\_

Address 131 NE 115 ST Date signed 2-28-44

Duration

4 da.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16  
1  
4

1014

(Licensed Embalmer's Statement on Reverse Side)

CAPE

District Health Officer No. 4  
District File Number 344-3540  
Date Filed 3-9-44

**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.....

Not embalmed..... Registered Apprentice No.....  
working under my personal supervision.

Signed Hyman Steele.....

Licensed Embalmer No. 2476.....

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.**