

FILED SEP 11 1945

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 266

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: South East Missouri Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 weeks
(Specify whether years, months or days)
In this community 23 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 11 S. Hanover
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martin A. Daume

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Bell Daume 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased October 23 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Gordonville Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Clerk

11. Industry or business Feed & Seed Store

12. Name Charles Daume

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

14. Maiden name Marie Schluze

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

16. (a) Informant Elmer E. Daume (b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof Aug. 30. 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lorizmier Cemetery

18. (a) Signature of funeral director (b) Address Cape Girardeau, Mo.

19. (a) 8-29-45 (b) W. H. Phelps (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28 year 1945 hour 2 minute 0 P.M.

21. I hereby certify that I attended the deceased from 1st 1945 to Aug 28 1945
that I last saw him alive on Aug 28 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

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?

While at work (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address Cape Girardeau Mo Date signed 8/29/45

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

16
1
4

RECEIVED

District Health Officer No. Y
District File Number 945-1082
Date Filed 9-8-45

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. Loring

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.