

FILED OCT 24 1945

State File No. 33408

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 328

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape
(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. 1 da.
In this community 1 da. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott Co
(c) City or town Sikeston 5
(If outside city or town limits, write "RURAL") 2
(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 RICHARD ALLEN SPIVEY

3. (b) If veteran, name war. (c) Social Security No.

4. Sex Male (5. Color or race white) 6. (a) Single, widowed, married, divorced, or single

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

7. Birth date of deceased. Dec 7 1944 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 6 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name R. A. Spivey

13. Birthplace Mt Vernon Ind. (City, town, or county) (State or foreign country)

14. Maiden name Grace Martin

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

16. (a) Informant R. A. Spivey

(b) Address Sikeston Mo

17. (a) Burial (b) Date thereof 10/13/45 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Park

18. (a) Signature of funeral director W. L. Farnsworth

(b) Address Sikeston Mo

19. (a) 10-15-45 (b) F. H. Phelps (Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 13 year 1945 hour one minute 20 P.M.

21. I hereby certify that I attended the deceased from Oct 12 1945 to Oct 13 1945 that I last saw him alive on Oct 13 1945 and that death occurred on the date and hour stated above.

Immediate cause of death malnutrition Duration 10 mos.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 158

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? (c) Means of injury

23. Signature J. H. Cochran (M. D. or other)

Address Cape Girardeau Mo Date signed 10/15/45

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

RECEIVED

District Health Officer No. 4

District File Number 1045-1232

Date Filed 10-23-45

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.....

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.