39871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 19 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 416

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

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: ST. FRANCIS (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether

In this community 1 DAY years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEW MADRID

(c) City or town CANALOU (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 MARTIN MARION WREN

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 9 (Month) 30 (Day) 1946 (Year)

8. AGE: Years | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace CANALOU (City, town, or county) MO. (State or foreign country)

10. Usual occupation Inf

11. Industry or business

FATHER
12. Name JAMES E. WREN
13. Birthplace NEW MADRID (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name LICTORIA TIPPY
15. Birthplace CANALOU (City, town, or county) MO (State or foreign country)

16. (a) Informant JAMES E. WREN

(b) Address CANALOU MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11 (Month) 23 (Day) 46 (Year)

(c) Place: burial or cremation SIKESTON, MO.

18. (a) Signature of funeral director H.W. ALBRITTON

(b) Address SIKESTON, MO

19. (a) 12-9-1946 (Date received local registrar) (b) E. E. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22 year 1946 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-21, 1946 to 11-22, 1946 that I last saw him alive on 11-22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis, Cause undetermined 6 days duration

Due to (Milk Jaundice)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

Duration

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 Chas. T. Herbert (M. D. or other)

Address Cape Girardeau, Mo Date signed 11-29-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1246-2968
Date Filed 12-16-46

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 John Allerton

Licensed Embalmer No. 2941

P. O. Address Sikeston 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.