

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 171

Registration District No. 53 Primary Registration District No. 3010

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

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(c) Name of hospital or institution: Southeast Mo Hospital  
(d) Length of stay: In hospital or institution 6 days  
In this community 6 Days

3. (a) PRINT FULL NAME Emanuel Warren Segraves  
3. (b) If veteran, name war. No  
3. (c) Social Security No. No

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nannie  
6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased May 5 1874

8. AGE: Years 72 Months II Days 27

9. Birthplace Pocohontas Ark

10. Usual occupation Retired Railroad Worker  
Frisco Railroad

11. Industry or business  
12. Name Vincent Segraves  
13. Birthplace Ark.  
14. Maiden name Caroline Waddle  
15. Birthplace Ark.

16. (a) Informant Leslie Segraves  
(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof 5-4-47  
(c) Place: burial or cremation Memorial Park

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

19. (a) 5-20-1947 (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cape Girardeau  
(c) City or town Cape Girardeau  
(d) Street No. 618 So. Ellis  
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 2  
year 1947 hour 9A minute 15 A.M.  
21. I hereby certify that I attended the deceased from April 1  
1947, to May 2 1947  
that I last saw him alive on May 2, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
Due to Chronic Nephritis  
Other conditions: 1318  
Major findings: Benign Prostatic Hypertrophy  
Of operations  
Of autopsy

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)  
(e) Means of injury  
23. Signature Edward Campbell (M. D. or other) M.D.  
Address Cape Girardeau Mo Date signed 5-5-47

507 97 100

RECEIVED

District Health Officer No. 4  
District File Number 542-740  
Date Filed 5-26-47

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 W. H. Estes  
Licensed Embalmer No. 3568  
P. O. Address Cap Sir 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.