

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17889

Registration District No. 134 Primary Registration District No. 4249 Registrar's No. 13

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Hillsboro
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Cedar Grove Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days) months

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. 306 Third Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Newton B. Sample

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 M

6. (b) Name of husband or wife Elizabeth Cotner 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased May 18, 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation Janitor and Night Watchman

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cleo Johns

(b) Address Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 47
(Month) (Day) (Year)

(c) Place: burial or cremation McGee Cemetery
Lutesville, Mo.

18. (a) Signature of funeral director L. L. Hannah

(b) Address Cape Girardeau, Mo.

19. (a) 5/19/47 (Date received local registrar) (b) Kathleen M. M... (Registrar's signature) 141

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13, year 1947 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 1, 1947, to April 9, 1947.
that I last saw him alive on 5-9-47, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 6 days
right lower lobe

Due to arteriosclerotic heart disease with decompensation 1022 years

Due to senility with mental changes 1 year

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 9, 13, 15

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? 0

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

23. Signature Thomas A. Donnell (M. D. or other) M.D.

Address Sasato, Mo. Date signed 5-14-47

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

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.....

Gentry R. Palitt

Licensed Embalmer No. *3481*

P. O. Address.....

Crystal City, Md

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.