

V. S. No. 2-
00M-5-43
Rev. 5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20278**

FILED **1111** **8** **1947**
Registration District No. **201**

Primary Registration District No. **3010**

Registrar's No. **201**

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

16
14

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: **419 N. Middle St.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **life** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **August Cardell**

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

4. Sex **Male** 5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Emma Cardell** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept. 29, 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67	8	23	hr. _____ min.
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9. Birthplace **Cape Girardeau, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Unknown**

MOTHER FATHER

12. Name **Unknown**

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

14. Maiden name _____

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

16. (a) Informant **Mrs. Myrtle Evans**

(b) Address **419 N. Middle, Cape Girardeau, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 25, 1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **Fairmont Cemetery**

18. (a) Signature of funeral director **F. J. Sparks**

(b) Address **Cape Girardeau, Missouri**

19. (a) **6-30-1947** (Date received local registrar) (b) **G. C. Summers** (Registrar's signature) **1111**

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. **419 N. Middle**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **21**
year **1947** hour **11:** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **June 21, 1947** to **June 21, 1947**
that I last saw him alive on **June 21, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **gastric hemorrhage**

Due to **gastric ulcer**

Due to **gastric carcinoma**

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

Duration

3 hours

1 1/2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: **46 mm**

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? _____ (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 **G. C. Summers** (M. D. or other) **1111**

Address **Cape Girardeau, Mo** Date signed **6/29/47**

RECEIVED

Health Officer No. 4
Set File Number 247-894
Date Filed 2-7-47

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.....

Frank Sparks

Licensed Embalmer No. 3453-

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.