

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25782  
24782

BIRTH NO. 2 REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 24782

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

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Chaffee</u>		c. LENGTH OF STAY (In this place) <u>43 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chaffee</u>	
3. NAME OF DECEASED a. (First) <u>ARMOR</u> b. (Middle) <u>Alexander</u> c. (Last) <u>George</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 25 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 6, 1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Water works Dept</u>	9. AGE (In years last birthday) <u>72</u>
11. BIRTHPLACE (State or foreign country) <u>Middle Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Hezekiah George</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth W. Kerson</u>	
14. NAME OF HUSBAND OR WIFE <u>Bertha Carson George</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bertha George</u> ADDRESS <u>Chaffee Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> <u>9-Arterio-sclerosis</u> <u>2-Renal sclerosis and failure</u> <u>3-Chr Encephalitis</u> II. OTHER SIGNIFICANT CONDITIONS <u>4 malnutrition/pericard and muscle degeneration</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4500</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5-29</u> , 19 <u>48</u> , to <u>6-26</u> , 19 <u>49</u> that I last saw the deceased alive on <u>6-1</u> , 19 <u>49</u> and that death occurred at <u>7 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Albert M. Estes, M.D.</u>		23b. ADDRESS <u>714 Broadway</u>	
23c. DATE SIGNED <u>6-28-49</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Cape Girardeau Mo</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 27, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>	
DATE REC'D BY LOCAL REG. <u>7/18/49</u>		REGISTRAR'S SIGNATURE <u>G B MacCrady</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Bisplinghoff</u> ADDRESS <u>Funeral Home Chaffee Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

RECEIVED JUL 28 1949  
District Health Office No. 2  
District File Number 249-258  
Date Filed .....

**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.....

Student Embalmer No. ....

working under my personal supervision.

Signed Mamie B. Buehler

Signed.....  
Student Embalmer

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.