

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

37975
Do not use this space. *16*

DEC 11 1941

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 175
 (b) Township " " City Primary Registration District No. 3009 Registered No. 50072
 (c) City " " (d) Street No. 1022 Jefferson Ave St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 0 How long in U. S., if of foreign birth? yrs. mos. ds. 0

2. PRINT FULL NAME

(a) Residence, No. 1022 Jefferson Ave St. (If nonresident, give city or town and State)
 (Usual place of abode; if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 - 1880
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min. 60 11 12
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Fireman
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whitewater, Mo

FATHER 13. NAME F. M. Ervin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Egypt, Mo

MOTHER 15. MAIDEN NAME Ellen Juden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Egypt, Mo

17. INFORMANT (ADDRESS) Mrs Nell Mabea Whitewater Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Truderville, Mo DATE Nov 7, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walthers Und. Co Cape Girardeau Mo.

20. FILED 11-8-41 F. W. Phelps Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4-, 1941

22. I HEREBY CERTIFY, That I attended deceased from 11/4, 1941, to 11/4, 1941. I last saw him alive on 11/4, 1941. Death is said to have occurred on the date stated above, at 4 P. M.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 11/4/41
 Other contributory causes of importance: 94a

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) D. Lebaugh, M. D.
 (Address) Cape Girardeau Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-35 I X16605

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

J. H. Rister

Licensed Embalmer No. 3980

P. O. Address.....

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, above space should be left blank.