

1938 OCT 19

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

31886  
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125  
(b) Township 11 Primary Registration District No. 3009 Registered No. 285  
(c) City Paris (d) Street No. St. Francis Hospital 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. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1325 Dunderlin St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore Fox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-3-1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
30 0 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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) Scopus mo

FATHER 13. NAME Mat Mungle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scopus mo

MOTHER 15. MAIDEN NAME Rada Stevens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scopus mo

17. INFORMANT (ADDRESS) Theodore Fox Cape Girardeau mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Cemt DATE Sept 21 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Haman's Funeral Home Cape Girardeau mo 12

20. FILED 9-19-38 J.M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1938

22. I HEREBY CERTIFY That I attended deceased from Dec 31 1936 to Sept 19 1938  
I last saw him alive on Sept 19 1938 Death is said to have occurred on the date stated above, at 2:15 pm  
The principal cause of death and related causes of importance were as follows:

Carcinoma Nerve Date of onset 1934  
48 W

Other contributory causes of importance:

Name of operation Lat Date of no  
What test confirmed diagnosis? Lat Was there an autopsy? no

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. Keasbey M. D.  
(Address) Cape Girardeau mo

Every name or name of occupation 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.

**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.....

*R. H. Haman*

Licensed Embalmer No. *2863*

P. O. Address *Cape Girardeau*

**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.**