REC'D FEB 11 1939

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

1872
Do not use this space.

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.

16 1 4

1. PLACE OF DEATH
(a) County Cape Girardeau — Registration District No. 125
(b) Township 14 — Primary Registration District No. 3009 — Registered No. 33
(c) City Cape Girardeau (d) Street No. South East Mo. 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 Stillborn of Mr & Mrs. James Hargrove.
(a) Residence, No. Moore house, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 19, 1939.
7. AGE: Years 0 Months 0 Days 0 If LESS than 1 day, ...hrs. or ....min.

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.: Child
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): Cape Girardeau, Mo

FATHER
13. NAME: James M. Hargrove
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mantle, Mississippi

MOTHER
15. MAIDEN NAME: Lillie Rushing
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mantle, Mississippi

17. INFORMANT (ADDRESS): James M. Hargrove, Moore house, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Fairmount DATE: Jan. 20, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hamann Funeral Home, Cape Girardeau, Mo.
20. FILED: 1-19, 1939 J. M. Simpson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 19, 1939.
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

Prolapse Umbil. Cord. — Date of onset 1-19-39

Other contributory causes of importance: Immature Premature — 1939

Name of operation: Version & extraction — Date of 1-19-39
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) G. B. Elwood, M. D.
(Address) Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.