

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18262
Do not use this space.

JUN 19 1939

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
 (b) Township Primary Registration District No. 3009 Registered No. 191
 (c) City Cape Girardeau (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

536 Baby Girl Lenderman (Patricia)
 (a) Residence, No. 6 Essex, Mo. - R#2 St. Essex, Mo. R#2
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-22-'39
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 6 hrs. 5 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. _____
 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) SE Mo. Hospital Mo.

FATHER 13. NAME Earl Lenderman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paragould, Ark.

MOTHER 15. MAIDEN NAME Judith McPlain
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesboro, Ark.

17. INFORMANT (ADDRESS) Earl Lenderman

18. BURIAL, CREMATION, OR REMOVAL PLACE Essex, Mo. DATE 5-24-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Earl Lenderman (father)
Essex, Mo.

20. FILED 5-23-39 John Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-23-1939

22. I HEREBY CERTIFY, That I attended deceased from 5-22, 1939, to 5-23, 1939

I last saw her... alive on 5-23, 1939. Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Premature Newborn
6 mo
154
 Other contributory causes of importance: Spontaneous Miscarriage

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? _____
 (Signed) A. B. Glead, M. D.
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.

1 X 18603

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 comply with the above constitutes grounds for revocation of license.)

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