

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

28781
 Do not use this space.

REC'D SEP 20 1939

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
 (b) Township Cape Girardeau Primary Registration District No. 3099 Registered No. 283
 (c) City Cape Girardeau (d) Street No. _____ 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. 136 S. Henderson St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wade Long
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-12-1879
 7. AGE YEARS 59 MONTHS 9 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 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) Glenn Allen Mo.

FATHER 13. NAME John Whybark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glenn Allen Mo.

MOTHER 15. MAIDEN NAME Roselle Myrick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glenn Allen Mo.

17. INFORMANT (ADDRESS) Ethel Marie Long Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cem. DATE Aug 17 1939

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

20. FILED 8-19-39 m. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 1939, to Aug 15 1939
 I last saw him alive on Aug 15 1939 Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:

Acute Cholecystitis
Emphysema of the Lungs
127 N. 8/13/39
 Date of onset
 Other contributory causes of importance: Chronic Cholecystitis 1938

Name of operation None Date of _____
 What test confirmed diagnosis? None 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? No
 If so, specify _____ (Signed) George G. Baker 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.

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.