

DEC 1 1939

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 389

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1302 Cousin St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether years, months or days)
 In this community all of life

3. (a) PRINT FULL NAME WILLIAM KUYKE (68-)

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Matilda 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 19 1860
 (Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Cape County Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 { 12. Name Fritz Kuyke
 { 13. Birthplace Cape County Mo
 (City, town or county) (State or foreign country)
 { 14. Maiden name Hennelle Kuyke
 { 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Wm Kuyke

(b) Address 1302 Cousin St. Cape Girardeau

17. (a) Burial (b) Date thereof Nov 2 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape County Mo.

18. (a) Signature of funeral director Burke & Howell

(b) Address 536 9th Cape Girardeau

19. (a) 11-19-39 (b) J. H. Hampton
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape
 (c) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1302 Cousin St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day Nov
 year 1939 hour 8:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Nov 14
 _____, 19____, to Nov 19, 1939
 that I last saw him alive on Nov 19, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 7 days

Due to Senility

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (b) Means of injury _____

28. Signature W. Berry (M. D. or other) _____

Address Cape Girardeau Date signed 11-19-39

WILLIAM I. KIRBY - ONE OF THE GREAT MEN WHOSE RECORDS ARE THE FOUNDATION OF THE DEPARTMENT OF COMMERCE
 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.