

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

39241  
Do not use this space.

DEC 13 1939

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 131  
 (b) Township 7<sup>th</sup> Primary Registration District No. 6782 Registered No. \_\_\_\_\_  
 (c) City Cape Girardeau, Mo. (d) Street No. Cape Girardeau R.F.D. # 1 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 Mrs. Cora Lange Maevers

(a) Residence, No. Cape Route 1 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Maevers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67 1 26

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. Housework  
 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 Charles Lange

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo.

MOTHER  
 15. MAIDEN NAME Bertha Haupt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo.

17. INFORMANT (ADDRESS) Joe Maevers  
Cape Girardeau R.F.D. # 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Lange Cemt DATE Dec. 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. L. Haman  
Cape Girardeau, Mo.

20. FILED Dec 6 1939 Oliver J. Miller  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1939, to Dec 2, 1939

I last saw her alive on Dec 1<sup>st</sup>, 1939. Death is said to have occurred on the date stated above, at 5:25A m.

The principal cause of death and related causes of importance were as follows:

Acute indigestion Date of onset \_\_\_\_\_

Other contributory causes of importance: Cholecystitis

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) O. J. Miller, M.D.

(Address) Cape Girardeau, Mo.

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**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.....

*L. L. Hamman*

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.**