DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6165

Registration District No. 125 — Primary Registration District No. 3009 — Registrar's No. 48

1. PLACE OF DEATH:

(a) County Cape Girardeau Mo.

(b) City or town Cape Girardeau Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Hrs (Specify whether years, months or days) In this community 12 Hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jones Infant 520

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Boy

5. Color or race WHITE

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 2 (Day) 40 (Year)

8. AGE: Years | Months | Days | If less than one day 12 Hrs. hr. min.

9. Birthplace Cape Girardeau Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Fee Gregory Jones
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Effie Edna Price
15. Birthplace Winfield Ala. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature [illegible]

(b) Address Morley R.F.D. #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3 40 (Month) (Day) (Year)

(c) Place: burial or cremation Carpender McMullin

18. (a) Signature of funeral director John Albritton

(b) Address Sikeston Mo.

19. (a) 2-2-40 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 2/2, 1940, to 2/3, 1940 that I last saw him alive on 2/2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death PREMATURITY

Due to (was Delivered by POST MORTEM Quesarean Section)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Cape Girardeau Mo. Date signed 2/2/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.