

**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.

112 1942

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

6200  
Do not use this space

Registered No. 83

1. PLACE OF DEATH 1013 N. Fountain  
 (a) County Cape Girardeau Registration District No. 125  
 (b) Township 1 Primary Registration District No. 3009 Registered No. 83  
 (c) City Camden (d) Street No. \_\_\_\_\_  
 (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 201 Rebecca Acery  
 (a) Residence, No. 1013 N. Fountain 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<br><i>Female</i>  | 4. COLOR OR RACE<br><i>white</i>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><i>widowed</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><i>H. B. Perry</i> |  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><i>April 14 - 1877</i>                  |  |   |
| 7. AGE<br><i>62</i>  | YEARS  | MONTHS<br><i>10</i>   |
|  |  | DAYS<br><i>11</i>   |
|  |  | if LESS than 1 day, ..... hrs. or ..... 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. <i>Laborer</i> |   |
|  | 10. Date deceased last worked at this occupation (month and year)                      | 11. Total time (years) spent in this occupation                             |

- |        |   |                   |
|--------|---|-------------------|
| FATHER | 12. BIRTHPLACE (CITY OR TOWN)<br>(STATE OR COUNTRY) | all 1             |
|        | 13. NAME  | Alfred Winsley    |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN)<br>(STATE OR COUNTRY) | Harden Co. - Tenn |
|        | 15. MAIDEN NAME                                     | Louisa Eas-       |
|        | 16. BIRTHPLACE (CITY OR TOWN)<br>(STATE OR COUNTRY) | all 1             |

17. INFORMANT Mrs Roy. Gray.  
(ADDRESS) 1013 W. Hounland
18. BURIAL, CREMATION, OR REMOVAL  
PLACE Sedeston DATE Feb. 27, 1946
19. FUNERAL DIRECTOR (NAME) Seagraves & Co.  
(ADDRESS) 119 S. Spring St.
20. FILED 2-25, 1946 San Francisco  
Local Office

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-25, 19 40
22. I HEREBY CERTIFY, That I attended deceased from  
..... 19..... to ..... 19.....

I last saw h..... alive on....., 19..... Death is said  
to have occurred on the date stated above, at.....m.

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

R.E.H. Drickson came on a "P.O. Box" after having the same for 10 years. He had a small house in England that the Government had been looking for. He had been in a Parabolic

Other contributory causes of importance: 1

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis?..... Was there an autopsy? Yes?

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) E. A. Bunker Carmichael, M.D.  
(Address) H. S. Carmichael & Co., Inc.

Licensed Embalmer's Statement on Reverse Side)

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, \_\_\_\_\_

*Ed H. Ester*

, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*Ed H. Ester*

Licensed Embalmer No. \_\_\_\_\_

*3568*

P. O. Address \_\_\_\_\_

*Cape Vin Mrs*

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.