

MAY 13 1940

Registration District No. 135

Primary Registration District No. 3009

Registrar's No. 135

1. PLACE OF DEATH:

- (a) County Cape Girardeau
 (b) City or town _____
 (c) Name of hospital or institution 9 St. Benton St 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether

In this community _____
years, months or days 1 61 years

3. (a) PRINT FULL NAME

Clara Graden3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Female5. Color or
race White6. (a) Single, widowed, married,
divorced D

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased April 30

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

61112

hr.

min.

9. Birthplace Cape Girardeau

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Fritz Graden13. Birthplace Switzerland

(City, town, or county)

(State or foreign country)

14. Maiden name A. Stall15. Birthplace Germany

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Fritz Graden(b) Address Cape Girardeau, Mo.17. (a) Rural(b) Date thereof 4 4 40

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery18. (a) Signature of funeral director Frank H. Havel(b) Address Cape Girardeau, Mo.19. (a) 4-14-40(b) John Thompson

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cape Girardeau
 (c) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL")
 (d) Street No. 9 South Benton
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1940 hour 1 50 minute A M.21. I hereby certify that I attended the deceased from Mar 27
1940, to April 2 1940;
that I last saw her alive on April 1st 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cardiac decompensation 3 days

Duration

Due to Influenza 10 daysDue to acute pleurisy 4 days

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations Of autopsy

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

23. Signature G. W. Schultz (M. D. or other) _____Address Cape Girardeau, Mo. Date signed 4/13/40

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.