JUN 13 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18065

Do not use this space.

1. PLACE OF DEATH
(a) County Cape — Registration District No. 125
(b) Township — Primary Registration District No. 3009 — Registered No. 173
(c) or City Cape Girardeau — (d) Street No. St. Francis Hospital 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 350 Joseph W. Needham 0
(a) Residence, No. Essex, Mo. R.# 2 Stoddard, Co. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Belle Z. Needham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 30, 1871

7. AGE: Years 69 — Months ---- — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
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): Illinois

FATHER
13. NAME: Mart V. Needham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montrose Illinois

MOTHER
15. MAIDEN NAME: Annie Harr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montrose Illinois

17. INFORMANT (ADDRESS): Homer Needham, Essex, Mo. R.#2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bluff Cemetery DATE May 13, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Chiles Und. Co. Bloomfield, Mo.

20. FILED 5-13 1940 J. M. Thompson, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1940, to May 13, 1940
I last saw him alive on May 12, 1940. Death is said to have occurred on the date stated above, at 1.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1-2-40
Auricular fibrillation	1-2-40

Other contributory causes of importance: 93a

Name of operation: None — Date of
What test confirmed diagnosis? Examine — Was there an autopsy? no

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? no
If so, specify
(Signed) R. A. Ritter, M. D.
(Address) Cape Girardeau Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....Ivan Cooper.....

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.