

No. 2
-11-10-30
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AUG 14 1940
Registration District No. 124

Primary Registration District No. 3009

Registrar's No. 248

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 127 rear S. Frederick 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 years (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Darb McGee JAN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 23 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 0 If less than one day hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Darb McGee (son)

(b) Address 17 S. Sprigg, Rural Route

17. (a) Burial (b) Date thereof 7-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont, Cape Girardeau

18. (a) Signature of funeral director F. J. Sparker
Cape Girardeau, Mo.

(b) Address _____
19. (a) 7-24-40 (b) J. M. 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. 127 rear S. Frederick
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 23
year 1940 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7-15-1940 to _____, 19____;
that I last saw him alive on 7-15-, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage with Right Hemiplegia
Due to _____
Due to _____

Other conditions 97.0
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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? _____

23. Signature W. A. Lingal (M. D. or other) _____
Address 17 N. Sprigg St Cape Girardeau Mo signed 7-24-40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Frank Sparks..... Registered Apprentice No.....
working under my personal supervision.

Signed..... *Frank Sparks*
Licensed Embalmer No. *3455*

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.