DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 12 1940

Registration District No. 25

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31597

Primary Registration District No. 3009

Registrar's No. 290

X21492

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

1. PLACE OF DEATH:

(a) County Cape

(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. FRANCIS
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS (Specify whether years, months or days)

In this community 2 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. 1 Mile W. of Conran
(If rural, give location)

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

8. (a) PRINT FULL NAME JOHN MARR JR.

8. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race COLORED

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

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased Oct. (Month) 22 (Day) 1919 (Year)

8. AGE: Years 20 Months 10 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace NEW MADRID CO (City, town, or county) MO (State or foreign country)

10. Usual occupation FARMING (DAYWORK)

11. Industry or business No

MOTHER FATHER

12. Name JOHN MARR.

13. Birthplace NEW MADRID CO (City, town, or county) MO (State or foreign country)

14. Maiden name MARY MC CARY

15. Birthplace NEW MADRID CO (City, town, or county) MO (State or foreign country)

16. (a) Informant John Marr

(b) Address CONRAN MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept 5 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Masonic

18. (a) Signature of funeral director Richards and Co

(b) Address New Madrid Mo.

19. (a) 9-3-40 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1 year 1940 hour 10 minute 50 a.m.

21. I hereby certify that I attended the deceased from August 31, 1940 to Sept. 1, 1940 that I last saw him alive on Sept. 1, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fracture-dislocation of the 5th Cervical vertebrae	2 days
Due to Automobile accident	2 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations No operation

Of autopsy No autopsy.

X-ray confirmed diagnosis.

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) Accident

(b) Date of occurrence August 30 1940

(c) Where did injury occur? On Highway, (City or town) New Madrid (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On public highway (Specify type of place)

While at work? No (e) Means of injury Fell from truck

23. Signature R. A. Ritter M.D. (M. D. or other)

Address Cape Girardeau Mo Date signed 9-3-40

(Licensed Embalmer's Statement on Reverse Side)

210 ~~22~~
95

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 Leo Hedgpeth, Registered Apprentice No. ..... working under my personal supervision.

Signed Leo Hedgpeth

Licensed Embalmer No. 3803

P. O. Address New Madrid

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

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

o. 2B
21-40
X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31597

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

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape G.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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 John Marr Jr.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race Col
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 20 Months 10 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1
year 1940 hour minute M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Fracture Dislocation of the 5th Cervical Vertebra
Due to automobile accident
Due to Truck was in motion when deceased fell. Truck hit a pump which threw deceased from the truck.
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations R. A. Ritter M.D.
Of autopsy 2 14 W 2 8

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) accident
(b) Date of occurrence Osc Highway 8/30/1940
(c) Where did injury occur? Osc Highway (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway (Specify type of place)
While at work? (e) Means of injury
23. Signature R. A. Ritter (M. D. or other)
Address Cape Girardeau Date signed