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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31602

Registration District No. 128 Primary Registration District No. 3009 Registrar's No. 298

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:
St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 16 Years

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. 216 Pearl Street
(If rural, give location)

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

3. (a) PRINT FULL NAME Lon M. Limbaugh

3. (b) If veteran, name war ____

8. (c) Social Security No. ____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emma Bollinger

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Don't Know (Month) (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
60	—	—	____ hr. ____ min.

9. Birthplace Bollinger County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation General Laber 0

11. Industry or business ____

FATHER
12. Name Mully Limbaugh 0
13. Birthplace Bollinger County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Anna Limbaugh
15. Birthplace Bollinger County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Emma Limbaugh
(b) Address Cape Girardeau, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-06-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Sedgewickville Mo.

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Mo.

19. (a) 9-6-40 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th year 1940 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept. 3rd, 1940, to Sept. 4, 1940 that I last saw him alive on 9-4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal Obstruction	3-4 days
Due to Adhesions	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Loop of small intestine obstructed by adhesions

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

23. Signature G. A. Reynolds M.D. (M. D. or other)
Address Cape Girardeau, Mo Date signed 9-6-40

(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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Howard L. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau

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.