

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

1941 FEB 14 1941

Registration District No. 124

Primary Registration District No. 3009

Registrar's No. 1

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 _____
(Specify whether years, months or days)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Elmer William Nussbum
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 23 1939
(Month) (Day) (Year)

8. AGE: Years 1 Months 3 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER { 12. Name Arthur Nussbum
 13. Birthplace Gordonville Mo.
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Alice Eggimann
 15. Birthplace Gordonville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur Nussbum
 (b) Address Gordonville, Mo.

17. (a) Burial (b) Date thereof 1-03-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Zion Lutheran Cemt.

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

19. (a) 1-3-41 (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 Gordonville (Rural)
(If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. # 1
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st
 year 1941 hour 7 minute 55 P.M.
 21. I hereby certify that I attended the deceased from 12-31-40 to 1-1-41, 1941
 that I last saw him alive on 1-1, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death PERITONITIS
 Duration _____
 Due to Case Not Determined
 Due to Peritonitis
 Other conditions 119
(Include pregnancy within 3 months of death)
 Major findings: PERITONITIS
 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? _____

23. Signature [Signature] (M. D. occupant)
 Address Cape Girardeau Date signed 1/3/41
(Specify type of place) (e) Means of injury

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

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

Ernest A. Sprinkle

Licensed Embalmer No. *4013*

P. O. Address *Cape Girardeau*

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.