

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 2072  
Registrar's No. 69Registration District No. 124Primary Registration District No. 3009

## 1. PLACE OF DEATH:

- (a) County. Cape Girardeau  
(b) City or town. Union  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: South-East. Mod Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether  
In this community 20 years years, months or days)

3. (a) PRINT FULL NAME Marvin H McCell.8. (b) If veteran,  
name was ✓3. (c) Social Security  
No. 493-07-8082

4. Sex. M. 5. Color or race white  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alma Hahn  
6. (c) Age of husband or wife if alive 32 years  
7. Birth date of deceased 5 10-1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
37. 9 2 hr. min.9. Birthplace. Cape Co Mo. 1  
(City, town, or county) (State or foreign country)10. Usual occupation Presser11. Industry or business Chassee Mfg. Co.MOTHER FATHER { 12. Name Zeno Hircell  
13. Birthplace ? 4  
(City, town, or county) (State or foreign country)MOTHER FATHER { 14. Maiden name Jessie Hobbs  
15. Birthplace Cape Co Mo 1  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs Rowena Hobbs(b) Address 406 Gray Chassee, Mo17. (a) Burial (b) Date thereof 12-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Union Park Chassee18. (a) Signature of funeral director Bisplinghoffe Hobbs(b) Address Chassee Mo19. (a) 2-12-41 (b) J. M. Thompson  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State. Mo. (b) County. Scott. 101  
(c) City or town. Chassee.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 205 Elliot.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ✓ day 12 12  
year 141 hour 4:00 minute 25 A. M.21. I hereby certify that I attended the deceased from 2/10/41  
to 2/14, 1941.  
that I last saw him alive on 2/14, 1941.  
and that death occurred on the date and hour stated above.Immediate cause of death Influenza Pneumonia 100%  
Duration

Due to

Due to

Other conditions  
(Include pregnancy within 8 months of death)Major findings:  
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?  
(Specify type of place)  
While at work? (e) Means of injury.

23. Signature D. B. Clark (M. D. or other)  
Address Cape Girardeau Mo Date signed 2/14/41

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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..... *Mamie Desplenghoff*

Licensed Embalmer No. *3242*

P. O. Address..... *Chappee Mo*

**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.**