

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

MAR 12 1941

Registration District No. 124

Primary Registration District No. 3089

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: Southeast Missouri
(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 Fruitland, Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 19

(c) City or town Fruitland
(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.? 1 years.

3. (a) PRINT FULL NAME James Roger Remyer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
year 1941 hour 1:30 minute 30P M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 26 24 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 24, 1941, to Feb 26, 1941;
that I last saw him alive on Feb 24, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days 2 If less than one day _____ hr. _____ min.

Immediate cause of death Pneumonia BIRTH

Due to _____

Due to _____

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

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Hubert Remyer

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

14. Maiden name Edna Ashley

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

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. L. T. Tuschhoff

(b) Address Fruitland, Mo

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? _____

17. (a) (b) Date thereof 2-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fruitland, Mo

While at work? _____ (Specify type of place)

(e) Means of injury _____

18. (a) Signature of funeral director Alan Arney

(b) Address Fruitland, Mo

19. (a) 2-26-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

23. Signature J. M. Thompson (M. D. or other) _____
Address Fruitland, Mo Date signed 2-26-41

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.....

Licensed Embalmer No.....

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.