

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

RECORDED
MAR 14 1941

Registration District No. 72d

Primary Registration District No. 3009

Registrar's No. 91

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 1 day
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME: Robert Drimes

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: 12

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Dec 16 1929
(Month) (Day) (Year)

8. AGE: Years 11 Months 12 Days 2 / 14
If less than one day _____ hr. _____ min.

9. Birthplace: Duscaloosa, Ala.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name: Tommie Drimes

13. Birthplace: Duscaloosa, Ala.
(City, town, or county) (State or foreign country)

14. Maiden name: Carrie Duffin

15. Birthplace: Duscaloosa, Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Tommie Drimes

(b) Address: La Valle, Mo.

17. (a) Burial (b) Date thereof: 3-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Burial

18. (a) Signature of funeral director: Walter's Funeral Home

(b) Address: 260 N. Middle

19. (a) 2-28-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 103

(c) City or town: La Valle, Mo.
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day Feb.
year 1941 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from 2/27, 1941 to 2/28, 1941
that I last saw him alive on 2/27, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetic Coma Duration _____

Due to: Diabetic Insults

Due to _____

Other conditions (include pregnancy within 3 months of death): 61

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? 1

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

23. Signature: P. Sealberg (M. D. or other) _____
Address: Cape Girardeau Date signed: 2/28/41

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

Rev. 5-17-39 1 X1951

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6538

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 125

Primary Registration District No. 3009

Registrar's No.

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert Wrimmer

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive. year

7. Birth date of deceased Dec 16 1929 (Month) (Day) (Year)

8. AGE: Years 12 Months 2 Days 14 If less than one day hr. min.

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

10. Usual occupation.

11. Industry or business.

12. Name.

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

14. Maiden name.

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

16. (a) Informant.

(b) Address.

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

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a) 1-2-41 (b) J.M. Thompson (Date received local registrar) (Registrar's signature)

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.

20. DATE OF DEATH: Month Feb day 28 year hour minute M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death.

Due to. Due to. Other conditions. (Include pregnancy within 3 months of death) Major findings: Of operations. Of autopsy. 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). (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 P. L. Seabaugh (M. D. or other) Address Cape Girardeau Date signed

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

SUPPLEMENTARY

S-6538