

MAP 14 1941 / 20

Primary Registration District No. **3009**

Registrar's No. **70**

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4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau

(c) Name of hospital or institution: 536 So. Middle St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Manuel W. Razor.

3. (b) If veteran, name war No

3. (c) Social Security No. 490-05-7144

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Aug 26 1888  
(Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Used Car Dealer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Thomas J. Razor

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

14. Maiden name Helen J. Satchum

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

16. (a) Informant Miss M. W. Ross

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof Feb 14-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walter H. Hud. Co

(b) Address Cape Girardeau Mo

19. (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 Cape Girardeau

(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")

(d) Street No. 536 So. Middle St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12 year 1941 hour 6 minute 0 A.M.

21. I hereby certify that I attended the deceased from July 24  
1939 to Feb 12 1941  
that I last saw him alive on Feb. 9 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma arising in the Pterygoid fossa 19 months  
Due to \_\_\_\_\_ 12 mo  
Due to \_\_\_\_\_ 12 mo  
Other conditions Mutualistic Carcinoma 12 mo  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Carcinoma of pterygoid fossa with metastasis  
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? 12  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature R. A. Ritter, M.D. (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau Mo Date signed 2-12-41

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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..... *J. S. Pister*.....  
Licensed Embalmer No. *3980*.....  
P. O. Address *Cape Girardeau, 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, fact should be so stated above.**