

Registration District No. 20

Primary Registration District No. 3-0-0-9 5117

Registrar's No. 181

FILED JUN 11 1941

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

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:
Route 2, Box 69
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2, Box 69
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Cecil Underwood

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sam Underwood 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased January 29, 1902
(Month) (Day) (Year)

8. AGE: Years 39 Months 3 Days 9 If less than one day hr. min.

9. Birthplace Cape Girardeau County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Dowdy

13. Birthplace Cape Girardeau County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Bollinger

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

16. (a) Informant Sam Underwood

(b) Address Route 2, Box 69, Cape Girardeau

17. (a) Burial (b) Date thereof May 11, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director F. S. Parks

(b) Address Cape Girardeau, Missouri

19. (a) 5-8-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 8
year 41 hour 7 1/2 minute 0 M.

21. I hereby certify that I attended the deceased from 4-25, 1941, to 5-8, 1941;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Ch. pneumonia
palmaris
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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address Cape Girardeau Date signed 5/11/41

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..... *Frank Sparks*

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, fact should be so stated above.