

FILED JUN 11 1941

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 178

Primary Registration District No. 5176B

Registrar's No.

1. PLACE OF DEATH:

- (a) County CAPE GIRARDEAU
 (b) City or town RURAL
 (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 _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME FRED C. BEST

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

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife LENA SCHOEN BEST 6. (c) Age of husband or wife if alive 59 years7. Birth date of deceased 2 (Month) 13 (Day) 1880 (Year)8. AGE: Years 61 Months 7 Days 24 If less than one day _____ hr. _____ min.9. Birthplace CAPE GIRARDEAU MO (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business FARMER

MOTHER FATHER
 12. Name CHARLES W. BEST
 13. Birthplace MISSOURI (City, town, or county) (State or foreign country)
 14. Maiden name CAROLINE WILITE
 15. Birthplace CAPE GIRARDEAU MO (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul Willis(b) Address oak ridge mo17. (a) BURIAL (b) Date thereof 5 11 1941 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation SHAWNEETOWN MO18. (a) Signature of funeral director William Staley Seabough(b) Address Shawneetown Mo19. (a) 5/11/1941 (b) Lana V. Guffe (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County CAPE GIRARDEAU
 (c) City or town RURAL
 (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1941 hour 7 minute 30 M.21. I hereby certify that I attended the deceased from 2 weeks before death to Catharting to April 12, 1941; that I last saw him alive on April 12, 1941; and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary tuberculosis 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? _____

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

23. Signature Paul Willis (M. D. or other) _____Address oak ridge mo Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39
 1-1-1981

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 Glenn Wilson
Licensed Embalmer No. 2828
P. O. Address Jackson 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.