

FILED JUL 12 1941

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 240

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:  
South East Mo Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Two days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid  
(c) City or town Rural  
(If outside city or town limit, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 1  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25  
year 1941 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from 6/29/41  
\_\_\_\_\_ 19\_\_\_\_ to 6/26 1941  
that I last saw him alive on 6/26 1941  
and that death occurred on the date and hour stated above.  
Immediate cause of death Peritonitis

Duration

Due to Peritonitis  
3 weeks standing  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 12/11

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 [Signature] (M. D. or other) D  
Address Cape Girardeau Date signed 6/26/41

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

8. (a) PRINT FULL NAME Samuel Douglas Hon

3. (b) If veteran, no name war K 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Feb 14 1927  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
14 4 11 hr. ✓ min.

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

10. Usual occupation Farming

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

MOTHER FATHER { 12. Name Douglas Hon  
13. Birthplace White 1 Illinois  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Dimple Butrus  
15. Birthplace Johnson County 1 Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Douglas Hon

(b) Address Risco no

17. (a) Burial (b) Date thereof June 28 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden Cemetery

18. (a) Signature of funeral director T. G. Knight  
(b) Address Farma no

19. (a) 6-26-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**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 Thomas C. Knight  
Licensed Embalmer No. 2809  
P. O. Address Parma, 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.**