No. 2
-4-41
17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24740

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 275

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: St. Francis Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 12 days In this community: 46 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Perry 079
(c) City or town: Old Appleton (If outside city or town limits, write "RURAL")
(d) Street No.: ---------- (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country: ----------

3. (a) PRINT FULL NAME: Alma V. Black
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: Will Black
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: Sept. 18, 1894 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
46	10	5	hr. min.

9. Birthplace: Cape County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ----------
FATHER 12. Name: John Farrar
FATHER 13. Birthplace: (Unknown) Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Molly Horrell
MOTHER 15. Birthplace: Cape County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Will Black
(b) Address: Old Appleton, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: July 25, 1941. (Month) (Day) (Year)
(c) Place: burial or cremation: Old Appleton
18. (a) Signature of funeral director: F. J. Sparks
(b) Address: Cape Girardeau, Mo.
19. (a) 7-23-41 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1941 hour 2 minute --- A. M.
21. I hereby certify that I attended the deceased from July 12, 1941 to July 23, 1941 and that I last saw him/her alive on July 22, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Toxic Goiter	6 mo
Due to Cardiac Failure	1 day
Due to Acute Exhaustion	1 wk
Due to	
Other conditions (Include pregnancy within 3 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: D. B. Elrod (M. D.)
Address: 714 Broadway, Cape Girardeau Date signed 7/23/41

(Licensed Embalmer's Statement on Reverse Side)

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 Sparto.....

Licensed Embalmer No.....3455.....

P. O. Address.....Cape Girardeau.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—8-21-41
I X29288

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

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24740

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 275

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: St Francis Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 da (Specify whether years, months or days) In this community: Always

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Perry
(c) City or town: Old Appleton (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Alma V. Block
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: N
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 46 Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 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)
(b) 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY