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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1941

Registration District No. 124

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5179

State File No. 27938

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Rural (Byrd Twp.) (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Highway 25 South of Jackson, Mo (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)

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. 301 North Blvd. (If rural, give location)

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

3. (a) PRINT FULL NAME Norma Regenhardt

3. (b) If veteran, name war

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

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 26 (Month) (Day) 1892 (Year)

8. AGE: Years 48 Months 8 Days 25 If less than one day hr. min.

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

10. Usual occupation Libraian

11. Industry or business High School

FATHER
12. Name Edward Regenhardt
13. Birthplace Cape Girardeau (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Alvina Teurkauf
15. Birthplace Cape Girardeau (City, town, or county) Mo (State or foreign country)

16. (a) Informant Theo. Regenhardt

(b) Address Cape Girardeau Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 24 41 (Month) (Day) (Year)

(c) Place: burial or cremation Lorimer Cem

18. (a) Signature of funeral director J. G. Howell

(b) Address Cape Girardeau Mo.

19. (a) 9-2-41 (Date received local registrar) (b) D. G. Seibert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to drowning - suicide

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

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) Suicide

(b) Date of occurrence August 21, 1941

(c) Where did injury occur? Near Gordonville, Cape Girardeau, Missouri (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? No (e) Means of injury drown

23. Signature N. Burton Short Coroner (~~M.D.~~ or other)

Address Jackson, Missouri Date signed 8/22/41

(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.....

Licensed Embalmer No. 3390

P. O. Address Cape Girardeau, Mo

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

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