

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

31262

Do not use this space.

FILLED OCT 11 1941

**1. PLACE OF DEATH**

(a) County Cape Registration District No. 125  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3009 D Registered No. 25  
 (c) City Cape Girardeau (d) Street No. \_\_\_\_\_ Southeast Mo. Hospital  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. Harold Ginger Lefler 72 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-15-41

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
          -          -          4          

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Canalou  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME George Lefler

14. BIRTHPLACE (CITY OR TOWN) New Madrid Co.  
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mary Ginger

16. BIRTHPLACE (CITY OR TOWN) New Madrid Co.  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Brown Jewell  
 (ADDRESS) Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Burial DATE 9-20 1941

19. FUNERAL DIRECTOR (NAME) Hunter Albritton  
 (ADDRESS) Sikeston, Mo.

20. FILED 9-24 1941 F. H. Phelps  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-18- 1941

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1941, to Sept 18, 1941  
 I last saw him alive on Sept 17, 1941. Death is said to have occurred on the date stated above, at 7:25 a. m.  
 The principal cause of death and related causes of importance were as follows:

Intracranial hemorrhage  
injury

Date of onset

9/17/41

Other contributory causes of importance:

160C

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. P. Cochran M. D.  
 (Address) Cape Girardeau, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

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**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 Albritton*

Licensed Embalmer No. *4210*

P. O. Address *Sikeston, 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.**