

FILED DEC 12 5 30 41

Registration District No. _____

Primary Registration District No. 3009

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Cape
 (b) City or town Cape Girardeau *City*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1033 North Lorimier St.
 (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 Richard Leon Givens

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

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 May 7 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>6</u>	<u>4</u>	_____ hr. _____ min.

9. Birthplace Advance Mo. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Leon Givens

13. Birthplace Delta, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Grace McCulley

15. Birthplace Delta, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Leon Givens

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 11-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cent.

18. (a) Signature of funeral director L. L. Herman

(b) Address Cape Girardeau, Mo.

19. (a) 11-12-41 (b) P. H. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape
 (c) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1033 North Lorimier St.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 11
year 1941 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 8th 1941 to Nov 11th 1941;
that I last saw him alive on Nov 9th 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Sub-acute Colitis Duration 3 weeks

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1190

Major findings: Of operations _____

Of autopsy _____

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) _____

(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 G. P. Schubert (M. D. or other)

Address Cape Girardeau Date signed 11-12-41

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Earl A. Smith

Licensed Embalmer No. *3676*

P. O. Address

Cape Charles, Va. 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, fact should be so stated above.